

**“EFFECTIVENESS OF MUSIC THERAPY ON
OCCUPATIONAL STRESS AMONG WORKING
WOMEN IN SELECTED SHOE COMPANY AT
VELLORE”**

**BY
B. JOHN BENHUR**



A Dissertation submitted to
**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY,
CHENNAI.**

In Partial Fulfilment of the Requirement for the Degree of
MASTER OF SCIENCE IN NURSING

OCTOBER – 2014

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NURSING OCTOBER – 2014

Internal Examiner

External Examiner

DECLARATION

I hereby declare that the present dissertation entitled **“Effectiveness of Music Therapy on Occupational Stress among Working Women in Selected Shoe Company at Vellore”** is the outcome of the original research work undertaken and carried out by me, under the guidance of **Mrs.J.Sunitha Priyadharsini, M.Sc (N), M.Sc (Psy)** Principal and Research Guide, Arun College of Nursing and **Mr Sagar K. M.Sc (N)** Lecturer Psychiatric Nursing , Arun College of Nursing, Vellore.

I also declare that the material of this has not found is any way, the basis for the award of any degree or diploma in this university or any other universities.

B.JOHN BENHUR
M.Sc (N) IIYEAR

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Mr.B.JOHN BENHUR

ABSTRACT

“Effectiveness of Music Therapy on Occupational Stress Among Working Women in Selected Shoe Company At Vellore”

Occupational stress is a common work place problem experienced by all professionals, irrespective of their nature of work. Occupational stress can be defined as the harmful physical and emotional responses that occur when the requirement of the job does not match the capabilities, resources or need of the worker. The job stress can lead to poor health and even injury. Generally symptoms for occupational stress are categorized into three. They are psychological, emotional as well as physical symptoms. Psychological symptoms are emotional as well as cognitive problems, which would affect self-esteem and self-confidence. Some of the psychological symptoms are depression, anxiety, boredom, frustration, isolation etc. Other physical symptoms include allergies, skin disease, head ache, sleep disturbances etc. The behavioural symptoms are increased snapping at others, withdrawing from contact with others and alcoholism. This study is an effort to assess the occupational stress and music therapy employed by the shoe workers to cope up with the stress.

OBJECTIVES OF THE STUDY

- ❖ To assess the level of occupational stress before and after music therapy among working women at selected shoe company.
- ❖ To assess the effectiveness of music therapy on occupational stress among working women at selected shoe company.
- ❖ To find out the association between effectiveness of music therapy on working women with selected demographic variable.

NULL HYPOTHESIS

H₀₁: There is no significant difference between pre-test and post-test in the level of stress.,

H₀₂: There is no significant between music therapy and occupational stress.

A pre-experimental was used among 60 subjects from the selected shoe company. A job stress scale and demographic data was used to collect data. The data obtained were analysed and interpreted in terms of the objectives and null hypothesis of the study. Descriptive and inferential statistics were used for data analysis; the level of significance was set at 0.05 level.

MAJOR FINDINGS OF THE STUDY

Among the 60 samples regarding the symptoms of stress 60 percent had moderate stress of the sample (36) and 40 percent had severe stress level of the sample (24). But after the music therapy, 83 percent had copable stress level of the sample (50), and 17 per cent had mild stress level of the sample (10) .The mean percentage of the pre-test was 75.65 of the sample 60 and the mean percentage of the post - test was 33.68 of the sample 60. The standard deviation of the pre-test was 9.99 of the sample 60 and the standard deviation of the post test was 7.04 of the sample 60.

The study finding show that, the mean post - level of occupational stress scores (33.68 ± 7.04) was lower than the mean pre-test score (75.65 ± 9.99). Hence, the null hypotheses H₁ were accepted so music therapy was found to be effective in reducing the occupational stress. There was no significant difference between the pre-test and post-test were tested by using paired 't' value 28.78 ($P < 0.05$) indicates that there was no significant difference between pre-test and post-test stress score. There was no significant between music therapy and occupational stress. It was evident from the present study that the chi-square

valve computed for age, marital status, religion, type of family, number of duty hours per day, resting hours per day, number of dependent, work experience, personal habits and present health status indicates that there was no significant association between use of music therapy and occupational stress. But the education and monthly income demographic variables showing that significance is present. therefore the investigator partially accept and partially reject it. Thus it clearly shows that practice of music therapy was effective in decreasing the occupational stress level among the sample.

From the finding of the study can be concluded that majority of the working women had moderate and severe stress level of occupational stress. music therapy was found to be effectiveness in reducing the level of occupational stress among working women in selected shoe company, vellore.

RECOMMENDATIONS

Based on the research findings the following recommendations can be made:

- ❖ The same study can be done on a larger sample and also at different settings.
- ❖ A similar study can be conducted by using experimental and control group.
- ❖ A comparative study can be done to assess the stress level of women and men.
- ❖ A study can be under taken to evaluate the knowledge after a planned teaching program.

Key Words: occupational stress, music therapy, working women

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CHAPTER-I

INTRODUCTION

Background of the Study

Stress refers to the individual's reaction to disturbing factor in the environment. Stress is defined as an adaptive response as behaviour that maintains the integrity of the individual. Adaptation is viewed as positive and is correlated with healthy responses. When behaviour disrupts the integrity of the individual, it is perceived as mal adaptive. Mal adaptive responses by the individual are considered to be negative and unhealthy.

The conceptualization of stress is basically a physiological one in which stress response is seen as necessary adjunct to the organisms fight for survival. By causing various body changes the stress response prepare the individual to fight against emergency or to take flight from it. At the same time the stress implies strain which can cause by prolonged exposure to stressor. Coronary heart disease, psychosomatic symptoms and premature aging may be some of the effects.

Pressure is a part and parcel of all work which helps to keep one motivated and urges the individual to strive for excellence, but excessive pressure can leads to stress which undermines performance makes it costly to employers and can make people ill. The working environment or working condition can be defined as the surrounding of an employee in a certain work area, and may be divided into two categories, physical and non-physical. Elements of physical condition include equipment; setting etc and non-physical include privacy, noise and conversation. The occupation stress can eventually affect both physical and emotional wellbeing if not managed effectively.

Occupational stress is a common work place problem experienced by all professionals, irrespective of their nature of work. Occupation stress can be defined as the harmful physical and emotional responses that occur when the requirement of the job does not match the capabilities, resources or need of the worker. The job stress can leads to poor health and even injury.

Generally symptoms for occupational stress are categorized into three. They are psychological, emotional as well as physical symptoms. Psychological symptoms are emotional as well as cognitive problems, which would affect self-esteem and self-confidence. Some of the psychological symptoms are depression, anxiety, boredom, frustration, isolation etc. Other physical symptoms include allergies, skin disease, head ache, sleep disturbances etc. The behavioural symptoms are increased snapping at others, withdrawing from contact with others and alcoholism.

Women are the back bone of any economy primarily shaping future of the Country. She who earlier stayed at home to attend her domestic duties is now maintaining work and home simultaneously. Although women work for longer hours and contribute substantially to family income, they are not perceived as workers by either the women themselves or data collecting agencies and the Government, to understand the occupational problem of women it is necessary to make a detailed study of the women in terms of the actual activity undertaken, the hours of work and the extent of remuneration received.

On an average, women work much longer hours than men. According to International labor organization (ILO) 2010, 2/3rd of the working hours around the world are worked by women because of the combination of various roles in the workplace, family and in the society. Due to this burden she may end up in some physical and psychological

stress. In which inadequate job satisfaction will also influence to occupation stress. Job satisfaction is the mental feeling of favorableness which an individual has about his job.

The financial demand on the Indian families are becoming fierce by day, as the result women in India who are mostly known as homemakers are forced to go for job and take up even carriers. They are left with no option but to feed for their families in all possible way, as a result of this today women are ready to work in any occupation.

Healing power of music can be achieved from various kind of music like instrument, western, classical, Carnatic etc. The view that music has a healing influence that could affect health and behavior is as old as the writing of Aristotle and Plato. Music has always enchanted the humanity. When one is tired and down music can be uplifting. It can calm the Strained nerves, soothe the depressed , comfort the lonely and delight the young.it is evident from the scriptures that music has healing power.

NEED FOR STUDY

Working women in India are faced with lot more challenges than their counter parts in any other parts of the world. The major burden of running the family is on the shoulders of women. Women have started sleeping lesser than before because only when they wake up early they can cook for the family, get themselves ready for the job, get their children ready for the schools, so on an average, women lost 2 hours of sleep per day and up to 14 hours sleep per week. If they happened to work in a highly pressurized environment, then they will bring home their work and that cuts few more hours of sleep. It is not just about the reduced sleep, but such a lifestyle builds stress. This stress is passed on to the family and frustrat0ion level builds up in the family. This leads to relationship problems.

Stress is a prevalent and costly problem in today's workplace. About one-third of workers report high levels of stress. One-Quarter of employees view their jobs as the number one stressor in their lives. Signs of stress can be seen in people's behavior, especially in changes in behavior. Acute responses to stress may be in the areas of feelings (for example, anxiety, depression, irritability, fatigue), behavior (for example, being withdrawn, aggressive, tearful, unmotivated), thinking (for example, difficulties of concentration and problem solving) or physical symptoms (for example, palpitations, nausea, headaches). If stress persists, there are changes in neuroendocrine, cardiovascular, autonomic and immunological functioning, leading to mental and physical ill health (for example anxiety, depression, heart disease).” High Levels of occupational stress may increase women's risk of heart attack by 90% this finding was presented at the American Heart Association's Scientific Sessions 2010. But a recent survey 2013 by global research firm Nielsen illuminates another picture. Covering 6,500 women across 21 developed and developing countries, the study's results show that women in India are the most stressed out. Of the respondents in India, 87% said they felt stressed most of the time. They are followed by Women in Mexico (74%), Russia (69%), Spain (66%), France (65%) and Italy (64%). In the U.S., the number is at 53%.⁷

A Survey conducted in times now news channel reveals the physical and psychological health problems of garment workers. It is based on research work done between (2007-2013). Majority of the shoe and garment workers are women. The main physical health problems faced by workers are: 'Occupational fatigue syndrome', body pains, obesity, and bladder and kidney problems. Work stress and depression are caused by 'intensification of work' to meet daily targets, strict factory rules and regulations, poor pay, poor working conditions, in-human abuse, and fear of job loss.

The Hindu magazine Frontline reports in the year 2012 Of late, Tripura has been in the news for the wrong reasons, particularly in the wake of reports relating to the rising number of cases of suicide and attempts to commit suicide. According to the police, 879 cases of suicide have been reported during the past 20 months – 491 cases last year and 388 (including 149 women) until September 2013. In July and August, 75 persons, includes 28 women, committed suicide. The State Crime records Bureau data, mainly victims from the shoe and garment factory.

A Descriptive study was conducted in Hassan in 120 samples by Human resource department(2013) to assess the level of job satisfaction among quality development employees, with the objective to know the satisfaction level the behavior of peers and superiors towards salary and other benefits for 100 samples by using questionnaires and interview method. Result showed that majority of the respondents falling in between 50-75% and minor part of the respondent's job satisfaction is 100%. Extreme work pressures, lack of secure job, absence of basic facilities, extended working hours without adequate Over Time allowance, denial of leave, bonus, gratuity, PF (Provident Fund), ESI (Employee State Insurance), which have all added to the miserable existence of these women leading to job dissatisfaction. By giving the all-male supervisory and management presence in the shoe sector, the harassment of women in work places is considered as a necessary evil, but what goes on in these so called factories is beyond one's imagination, psychological and sexual abuse continues unabated even to this day in the 21st century. Unable to bare these kinds of harassment, many women garment workers have committed suicide. In this list of unfortunate victims include workers from Gokaldas (one of the biggest shoe manufactures in Bangalore) such as Ammu, Renuka and many others. Ammu, the mother of two committed suicide in the toilet of the

factory and an 18 year old Renuka committed suicide by hanging herself in her house. While reviewing the previous reports and studies researcher found that women workers in shoe factory face more problems either physical or psychological and also she is unhappy with the job benefits provided in her workplace on basis of this researcher felt the need to assess the stress and the job satisfaction of the women working in the shoe factory to decrease the number of suicide attempt due to workplace stress and the information guide sheet will help the women workers to cope up with this problem Since shoe workers do not have much education and skills they have no other option but to work for the shoe company and suffer in silence. Hence it is very Important to practice other stress reducing techniques such as music therapy , yoga , meditation , etc. Which help to cope up with occupational stress. Music therapy are thought to be helpful in individual to cope up with occupational stress because it promote in physical , psychological, social and cognitive aspects. The investigator selected this topic as various reports and survey suggested that the high prevalence of stress among working women at shoe factories indicated that the need for music therapy which can assumed to reduce stress among working women. Hence the investigator had selected music therapy to find out it effect in reducing stress.

STATEMENT OF THE PROBLEM

“A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY ON OCCUPATIONAL STRESS AMONG WORKING WOMEN IN SELECTED SHOE COMPANY AT VELLORE”

OBJECTIVES

- ❖ To assess the level of occupational stress before and after music therapy among working women at selected shoe company.
- ❖ To assess the effectiveness of music therapy on occupational stress among working women at selected shoe company.
- ❖ To find out the association between effectiveness of music therapy on working women with selected demographic variable.

OPERATIONAL DEFINITION

Occupational Stress

It defined as the harmful physical and emotional response that occur when their requirement of the job do not match the capabilities, resources , or need of the worker as assessed by job stress scale

Music Therapy

It is a method, process , procedure or activity that help a person to relax to attain a state of increased calmness.

Listening to selected Indian classical instrumental music three times a day for 15mins for 4 weeks.

Working Women

Women who work in shoe company

Effectiveness

In this study , it refer to the extent to which the selected music therapy has helped in achieving the desired effect in reducing occupational stress as evidenced by scores obtain by using job stress scale.

NULL HYPOTHESIS

H₀₁ There is no significant difference between per-test and post-test in the level of occupational stress.,

H₀₂ There is no significant between music therapy and occupational stress.

LIMITATIONS

- 1) The study is limited to the working women in the Sanghavi Shoe Company.
- 2) To the period of 4 weeks.
- 3) To the sample size of 60.

CONCEPTUAL FRAMEWORK OF THE STUDY

Conceptualization refers to refining general or abstract ideas, which are formulated by generalized from particular manifestation of certain characteristics.

These abstract are referred to as concepts , conceptualization is the process of forming ideas designs and plans.

The conceptual frame work deals with abstraction which are assembled together by virtue of their relevance to common theme. A conceptual frame work in search can provide ways of looking at data and grasping fact into rationale.

Conceptual frame work facilities communication and provides for systematic approach to nursing research ,education , administration and practice .

The conceptual frame work selected for the study was based in general system theory BERTALANFFY (1968).

According to him general system theory is a science of wholeness and it purposes is to unite scientific thinking across disciplines which provides frame work for analysing the while of any given system.

LUDWIG VON BERTANLANFFY defines system “as a compel interaction which means that system consist of two or more converted elements which organised whole and which interact with each other”

The system act as a which a dysfunction of a part cause a system disturbance rather than less of a single function.

In all system activity can be resolved such as input , process , throughput and output .

INPUT

It is defined as the energy and raw material transformed by the system.

In the present study input refers to assess the level of stress among working women by administration of job stress scale.

PROCESS

Preparation of classical instrumental music .

DESCRIPTION OF INDIAN INSTRUMENTAL MUSIC AND ITS RAAGAS

Name of the Cd	Name of player	Instrument	time	Name of the raga	Effect of ranga
Premlin	Ravi shanker	Gitar,flute	4min	Raga kalavati	Mood elevator
Ragini vol 1	Pravin godkhindi	Flute,keyboard	5min	Raga jaijavati	Bring relaxation for individual
Relaxation	Sambodhi prem	Gitar,keybroad	4min	Raga ahir bhairavi	Physical and emotional tension relief
Relaxation	Mitto rudra	Veena	3min	Raga ahir bhairavi	Physical and emotional tension relief
Thanav	Ronu Majumdur	Flute,violin,	4min	Raga kalavati	Mood elevator
Thanav	Pandit Abhijeet	Table	3min	Raga kalavati	Mood elevator

Name of the Cd	Name of player	Instrument	time	Name of the raga	Effect of ranga
Emotion	Silva nakkach	Guitar,keyboard.	5min	Raga milika	Help to restrain the emotional outburst
Shanti for relaxation	Chris conway	Piano,keyboard	4min	Raga neelambari	Sense of freedom

THROUGH PUT

It refers to the process used by the system to convert raw material or energy from the environment into product that are usable by either the system itself or the environment .

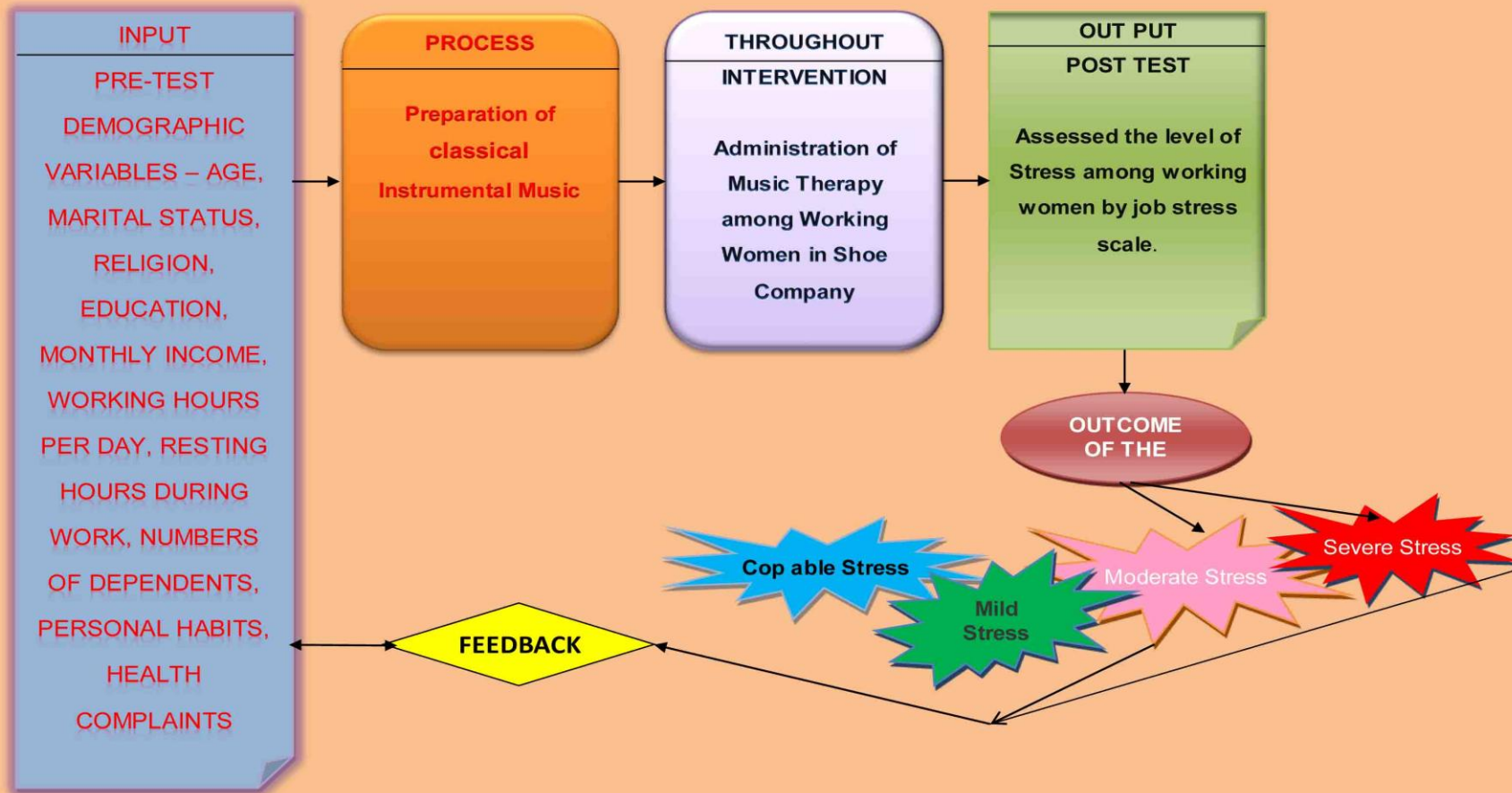
In the present study throughput refers to administration of music therapy to working womens in Sanghavi Shoe Company.

OUTPUT

The product which result from the system through put. In the present study output refers to effectiveness of music therapy finding.

- ❖ Copable
- ❖ Mild
- ❖ Moderate
- ❖ Severe

In this study job stress scale is used to determine the level of stress among working women in Sanghavi Shoe Company in vellore .



CONCEPTUAL FRAMEWORK OF LUDWIG VON BERTANLANFFY THEORY (1968)

CHAPTER-II REVIEW OF LITERATURE

A review of literature involves a systemic identification, location, securitization and summary of written materials that contains information on a research problem.

According to Polit and Beck, review of literature is a written summary of the existing knowledge on a research problem. An in depth study of any subject involves a systematic review and appraisal of all the relevant scholarly literature and specific topic.

The literature reviewed has been presented under the following categories:

- Part-1 Studies related to stress among working women
- Part-2 Studies related to music therapy
- Part-3 Studies related to music therapy reducing occupational stress

PART-1: STUDIES RELATED TO STRESS AMONG WORKING WOMEN

Evans GW (2012) conducted the study on the women operators suffer elevated health risk and striking levels of absenteeism and medical disability that may be related to occupational stress. This article provides a critical overview of findings on urban factories' health status, paying particular attention to aspects of the physical and psychological job environment that may cause ill health.

Aust Peter B, (2012) conducted the study on documented associations between work stress and elevated morbidity of workers. Fifty-four highly stressed working women were recruited to participate

in a 12 weeks stress management program based on the ERI model. After 12 weeks, mean level of “need for control,” a critical, health adverse style of coping with job demands, was significantly reduced, and this effect persisted after 3 months. In conclusion, a theory-based worksite stress management program in an occupational risk group is feasible and shows beneficial psychological effects.

Brunet. A Boyer, et al (2012) conducted study on to assess the lifetime exposure of traumatic events, retrospectively among a representative sample of working women (228 women and 54 male) from Montreal, Canada. Among them, 68.1 percent reported at least one exposure to a traumatic event of any type. Among the 68 percent exposed. 70.4 percent reported multiple traumatic exposures, with ratings ranging from 0 to 12. This report underlines Epidemiological research should devote more effort to assess fully the lifetime prevalence of traumatic events and not only cases of Post-Traumatic Stress Disorder (PTSD).

Johansson G, et al (2012) conducted study on Forty-six shoe workers which took place as a longitudinal field study of over stress reactions to urban workers. "Job hassles" were recorded by observers using a standardized list of stress-related events in workplace. Measures of blood pressure, heart rate, and ratings of perceived mental strain were obtained after each route segment. The former group displayed significantly higher blood pressure and mental strain ratings in the unwinding phase after work than did the latter group of workers. The results are discussed in terms of rate or "unwinding" after exposure to stressful conditions.

Kompier MA, et al (2012) conducted a study aim was to select, compare, and analyze interventions and preventive actions from shoes companies to decrease shoe workers, occupational stress and sickness,

absenteeism. Through networking, international surveys, and literature study, 13 "natural experiments" were identified with an acceptable research design rating. However, analyses on more objective and more subjective outcomes do point at positive effects. This study suggests that stress prevention that combines adequate interventions and proper implementation may be beneficial to both the employee and the company.

Bharat Singh (2012) conducted a study that elderly working women are at an increased risk of myocardial infarction but the underlying causes for this increased risk are uncertain. We identified all first events of myocardial infarction among women of age 45-70 years in Stockholm County. We selected controls randomly from the population. Response rates of 72% and 71% resulted in 100 cases and 100 controls, respectively. We obtained exposure information from questionnaires. We calculated odds ratios (ORs), with and without adjustment for socio-economic status, tobacco smoking, alcohol drinking, physical inactivity at leisure time, overweight status, diabetes and hypertension. The work environment may contribute to their increased risk. Among truck women, individual risk factors seemed to explain most of the elevated risk.

Vikram Nair (2011) conducted study on women from the general population and working women were surveyed with regard to sleep habits and motor vehicle and other types of accidents. A random sample of 200 women in the general population in Assam were mailed a questionnaire and served as referents. A total of 200 working women from this county responded to the same questionnaire. A total of 161 of the workers also underwent a sleep study in their homes. At the sleep study, 17% of those examined received the diagnosis of obstructive sleep-apnea syndrome (OSAS). The working women reported proportionally more sleep debt than the referents. The finding that self-

perceived sleep debt may have an adverse effect on males in the general population and male working women concerning accident likelihood should have an impact on prevention.

Vedantham K, et al (2011) conducted a study that the Previous studies of veterans have linked post traumatic stress disorder (PTSD) after combat-related trauma to increased reports of health problems. It is unclear whether this association between PTSD and increased health problems generalizes to civilians who are exposed to a broader array of traumatic events. Using a cross-sectional design and self-report measures, we evaluated urban Canadian women worker (n = 342) on trauma exposure, lifetime PTSD, and current health problems. Based on their responses, they divided our sample into individuals who had never experienced trauma (n = 91), trauma-exposed individuals who had never developed PTSD (n = 218), and persons who developed PTSD at some point after trauma (n = 33). We compared these groups on Our results extend previous findings to a broader civilian context and clarify associations between trauma exposure and health.

Dr.Suryam Mehta (2010) conducted a study to evaluate working women' on job stress during work and in the course of recovery from work by measurement of urinary catecholamine's and cortisol. The urinary excretion rate of adrenaline, noradrenaline, and cortisol of 10 working women was studied during three days and two consecutive days off. Each worker was asked to provide seven urine samples on the working days and six urine samples on the days off. The second day off was considered as the baseline. An occupationally induced disturbance of the circadian rhythm city was found for adrenaline and noradrenalin but not for cortisol. A backward shift in peak concentrations was found for adrenaline an noradrenalin on the second working day, as was a forward shift in peak concentration of cortisol on both days off. It is

recommended that longer resting times in shuttle bus trips and fixed days off after these kind of trips should be planned.

Dr.Sirinivasam MD (2010) conducted study on set of psycho physiological methods were used to analyze workers workplaces as a basis for redesign, and afterwards to evaluate design improvements. During inner-city operation working women are exposed to a particular workload situation, Although the results have to be considered as somewhat limited owing to the methodological restraints and conditions of a field study, they provided valuable guidance for design. A new concept for the workers was created based on this database. After installation, this design was evaluated by similar psycho physiological measures. Comparison of the pre- and post results indicate that the redesigned work station reduced workload levels.

Rajith patel (2009) conducted study to evaluate the relationship that tiredness and sleepiness in working women in Bhopal. Of the 150 women worker, all of them were women, 45% said they had had or nearly had had an accident while working, 55% slept less than 6 hours per day, 31% had slept less than 6 hours in the 24 hours before answering the survey, and 80% were in the habit of working more than 5 hours without stopping. Of the worker, 56% of them reported being tired at least some of the time while working; of this group, 65% of them reported being tired during the early morning.

Bartone PT (2009) conducted a study to examines the relation between stress and illness among women worker in a large American city. Several factors are identified that predict stress-related ill health for this occupational group. Canonical correlation techniques are used to combine daily work stress and recent stressful life events into a single life/work stress variety. Likewise, somatic symptoms and serious illness reports are combined into a single canonical illness therefore

deactivation is a signal or precursor to the onset of fatigue in physiological adjustment mechanisms.

Albright CL, et al (2008) conducted study on the association between occupational stress--as measured by job demands, decision latitude, and job strain--and hypertension in a population of 1396 Black and White working women Height, weight, blood pressure, and medical history were assessed by physical exam. Working women completed a questionnaire assessing their work schedules, personal habits, and self-perceptions about job demands and decision latitude. The difference in results may be explained by our incorporation of individuals' perceptions in the measurement of occupational stressors and our use of individuals from a single occupation with comparable job responsibilities and income, thus controlling for potential confounding by social class.

Carrère S, Evans GW, (2008) conducted a study, we show a high degree of association between exposure to peak traffic conditions and on-the-job elevations of urinary catecholamines. These significant relations remain after incorporating various controls for possible selection factors (e.g., job seniority) and health-relevant parameters (e.g., age, smoking). Furthermore, we show that reductions in perceived control on the job partially account for the linkages between traffic congestion and psycho physiological stress.

PART II: STUDIES RELATED TO MUSIC THERAPY

Padmavathi (2013) conducted study on effect of music on 100 working women was studied in B. M. Birla, Heart Research Centre, Calcutta. The music was given for 30 minutes with a help of Walkman according to women choice and data collected by observation check list 31. The finding revealed that music was found to be effective for

decreasing anxiety, heart rate, respiratory rate and promoting relaxation and sleep.

Ramie George (2013) conducted study on effect of music in intervention on stress among 30 girls, samples divided into 3 groups: music intervention, music pressure and control groups. The result showed that music intervention significantly reduced all blood pressure levels compared to other groups (pre-test – $x = 135.80$); post-test – $x = 126.5$). Music was effective in the reduction of stress symptoms and promoting relaxation (pre-test – $x = 39.8$; post-test – $x = 27.6$)

Joel Haggi, et al (2012) conducted study in Poland on the effect of music on stress of Group I (18) and Group II (16) exposed to sound, dust areas in industries. The Group I patients were subjected to individually selected one hour music program. The result showed that the people in the intervention group had marked reduction in stress.

Haddi Franices (2012) conducted study in France to investigate the influence of music during lunch time in factory. The total sample was 30 – 15 in the experimental group and 15 in the control group. The experimental group was given music for 60 minutes for 3 consecutive days. The result revealed that the people in the treatment group had quiet sleep stage and less tension ($P < 0.05$). During lunch time reduce the tension and stress and gives freshness mood ($P < 0.01$).

Chris oyedepo (2011) conducted study on the effect of music therapy on relaxation and stress reduction for worker in ice factory. The sample (54: experimental group – 27, control group – 27) were selected from 2 factories. Music was given for 30 minutes to the experimental group, the stress, relaxation, 32 heart rate, and respiratory rate were assessed twice at 15-minute intervals. The findings revealed that experimental group had significantly less stress after the intervention ($x=10.1$) in comparison to the control group ($x=16.2$). The relaxation

score of the experimental group was 80% and that of the control group was 29.3%. Heart rate and respiration rate decreased over time for those subjects in the music as group as compared with the control group subjects.

Daniel Neil, et al (2001) conducted study in Archives University Hospital(20010), Denmark about the effect of specially selected music on the feeling of wellbeing, relaxing ability, reduction of anxiety and stress of adults in a laboratory in research. The first group (99) was exposed to music via ceiling suspended loud speakers and other group (94) was exposed to usual sound environment (basic sounds) in Phase I. In Phase II the first group (99) listened to specially selected music by head phones , the other group (94) was not offered anything during this period of time. The result revealed that 91% of subjects in the music group found sound environment pleasant. Phase II the subjects listened to the specially selected music had positive effect (82%).

Micheal Neel (2010) conducted study effectiveness of soft music for the women civil police was the focus of the study in Taiwan. The subjects in both experimental (27) and control (27) group listened to their choice of music for 30 minutes for 2 weeks with a CD player. Job inventory stress Scale was used to collect the data and analyzed using ANOVA. Music resulted in significantly better outcome compared with controls.

William Bard (2010) conducted study in Florida to find the effect of music therapy on grief and spirituality of family members of nuclear families. The sample of 60 – experimental-30 and control-30 – was assigned to groups. Data was collected using self-report questionnaire and data analysed using 33 MANOVA. Result revealed significant difference in the mean score of grief and spirituality in the experimental Group50.Music as a treatment for insomnia people was the focus of the

study in China. The people (Group I-44, Group II-44) were studied based on the transformation of the EEG signals using special algorithm. The intervention group who received music revealed high effectively of music on the functions of the brain for family member with insomnia combined with the lack of side effects and complications.

Tajadduin (2009) conducted study at a medical Centre in Taiwan to find the effects of music therapy on women's physiological measures, anxiety, and satisfaction during work. The two groups were selected by random sampling. The experimental group was given questionnaire and music therapy whereas control group not given. Data was measured with anxiety scale for anxiety physiological index. Data was analyzed using ANOVA. Result revealed that the experimental group had higher level of job satisfaction (3.70, $p < 0.01$).

Dilkumar (2009) conducted study on effect of soft music on sleep quality in older elders in community dwelling men and women was assessed in Srilanka. The two group sample was selected by convenient sampling. Data was collected using PAS scale. The subjects listened to their choice of music for 45 minutes through sedative music tape at bed time for 3 weeks. The findings revealed significantly better sleep quality in experimental group.

Matthews Harry (2008) conducted study to assess the effect of music on in older adult people was conducted in Florida. The sample (66) was randomized to two groups. Data was collected using short form of the McGill Pain Questionnaire. The finding revealed that those who listened to music for 2034 minutes daily had less pain on both pain rating index compared with those who sat quietly and did not listen to music ($t(64) = 26.498$, $P \leq 0.001$).

Justin Hudson (2008) conducted study on effectiveness of music was compared with the effectiveness of back massage on the quality of

sleep among hospitalized patients with inadequate sleep. The Group I(15) was given back massage and Group II (15) was given music therapy. The data was collected using observation checklist and interview schedule. The result showed that music therapy was effective in promoting sleep of patients ($t_{14}=3.36$, $P < 0.05$).

PART-III. STUDIES RELATED TO MUSIC THERAPY REDUCING STRESS.

David Shapiro (2012) conducted a study on the effects of the life-force music therapy program on mood. He measured the mood change before and after an intervention of a five-day retreat in Tucson and two two-day retreats, at Kripalu. The participants in the five-day retreat showed a 62 percent increase in happiness, 61 percent decrease in sadness, 76 percent decrease in anger and 53 percent decrease in anxiety. Whereas participants in two two-day retreats showed a 39 percent increase in happiness, 34 percent decrease in sadness, 54 percent decrease in anger and 62 percent decrease anxiety, which represents that the more number of practice of music therapy reduces the stress levels respectively.

Dr. Vinod Debey (2012) conducted study about music therapy, which is a unique method for balancing the autonomic nervous system and influencing psychological and stress related disorders. They proved that combination of music therapy and meditation can be used as beneficial, low-risk, low-cost adjunct to the treatment of stress, anxiety, Post-Traumatic Stress Disorder (PTSD), depression, stress related medical illnesses, substance abuse, and rehabilitation of criminal offenders. Music therapy enhances well being, mood, attention, mental focus, and stress tolerance. Proper training by a skilled teacher and a 30-minute practice every day will maximize the benefits.

Parshad O (2011) conducted study the state of mind and that of the body are intimately related. If the mind is relaxed, the muscle in the body will also be relaxed. Stress produces a state of physical and mental tension. Breathing exercises which improve the muscle strength, flexibility, blood circulation and oxygen uptake as well as hormone function. Herewith it was concluded that physiological benefits which follow, help yoga practitioners become more resilient to stressful conditions and reduce a variety of important risk factors for various diseases, especially cardio-pulmonary diseases.

Gimbel MA (2011) conducted study that music therapy creates balance, physically and emotionally, by using posture, or asana, combined with music therapy This not only supports the physical and emotional work being done , but they open the door of self actualization to create the perfect union of mind , body, and spirit .the report discuss the definition of music therapy, meditation and imagery and their clinical application. Summary: The literature reviewed above has provided a better understanding and also broadened the investigator's outlook which is a prerequisite for the research study. It has also helped the researcher to establish the need for the study, the conceptual framework, research design, development of the tool and analysis.

CHAPTER-III METHODOLOGY

Research methodology is away to systematically solve the research problem. Research methodology may be understood as a science of studying how research is done scientifically. Research methodology helps to study the various steps that are generally adopted by a researcher in studying research problem.

This chapter includes research approach, research design, variable under the study setting, population, sample, sampling technique, criteria for selection the sample, inclusion and exclusion criteria, the data collection instrument, content validity, development and description of the tool, reliability, method of data collection and plan for data analysis.

RESEARCH APPROACH

Research Approach is the basic procedure for conducting the research study. According to Polit and Beck(2008) experimental research is an extremely applied from research and involves finding out how well a practice are working. Its goal is to assess the effectiveness of music therapy on the occupational stress among the working women in selected shoe company.

This approach is selected because the aim of the study is to evaluate the effectiveness of music therapy on occupational stress among working women in Sanghavi Shoe company.

RESEARCH DESIGN

Research Design in the overall plan for addressing a research question, including specification for enhancing the integrity of the study.

The research design selected in this study are pre-test and post-test design the present study tends to describe the occupational stress among working women in selected shoe company and to evaluate the effectiveness of music therapy.

The design has illustrated by using notation as:

01 X 02

O1 = Pre-test

X = Music therapy

O2 = Post-test

VARIABLES

Variables are qualities, properties (or) characteristics of person, things (or) situation that change (or) vary.

Two types of variables are identified in this study, they are

1. Independent Variables
2. Dependent Variables

INDEPENDENT VARIABLES

Independent Variable is the variables that stand alone and does not depend on any other. In this study, it refers to selected music therapy.

DEPENDENT VARIABLE

The variable hypothesized to depend on or be caused by another variable.

In this study the dependent variables were occupational stress

SETTING OF THE STUDY

Research setting is the physical location and condition in which data collection takes place. the study was conducted in Sanghavi Shoe company at Abdullapuram in Vellore District.

POPULATION

Population denotes the entire group of subjects under study.

Population refers to the target individual being research which conforms to the specific set of particular the target population. the present study include accessible population of working women in Sanghavi Shoe Company at Abdullapuram in Vellore District.

SAMPLE

The Sampling is the process of selecting representative units of the population for study in a research. The sample for the study consist of 60 working women within the age group of 20 – 40 years who were given music therapy as intervention for relieving occupational stress.

SAMPLING TECHNIQUE

Sampling refers to process of selecting a portion of the population to represent the target population. In the present study, the sampling technique was selected by using simple random sampling by lottery method.

Simple random method: It is defined as the units of the sample are drawn independently with equal probabilities.

Lottery method: In this all the items of the universe are numbered on separated slips of paper of same size, size, shape, color they are folded and mixed in a box. A blinded fold selection is made.

CRITERIA FOR THE SAMPLE SELECTION:

The sampling frame structured by the researcher included the following criteria.

Inclusion Criteria

- 1) Working women who are working in Sanghavi Shoe Company at Abdullapuram, Vellore
- 2) Working women who are age 20 – 40 years only.
- 3) Working women who are willing to participate in the study.
- 4) Working women who are available during the period of study.
- 5) Working women who can comprehend Tamil (or) English.

Exclusion Criteria

- 1) Working women those who are having sensory impairment.
- 2) Working women those who are below and above 20 – 40 years.
- 3) Working women those who are not willing to participate.

DATA COLLECTION INSTRUMENT

Data collection tools (or) instruments are the vehicle that could best obtain the data pertinent to the study and at the same time adds to the body of knowledge in discipline.

DEVELOPMENT OF THE TOOL

The data collection was done through demographic data and standardized job stress scale (Arbor employees assistance) for assessing the level of occupational stress.

The tool was developed based on the research problems, reviews of literature, suggestion from guide and experts in the field of psychiatry.

The tool is considered as the most appropriate instrument to elicit the response.

The following source were used for the development of tool.

1. Review of literature
2. Consultation and discussion with nursing experts, psychologist and psychiatrist.
3. Personal Experience and discussion with colleagues.

DESCRIPTION OF THE TOOL

The tool consist of two section and it is attached to Annexure ()

Section-A: Consist of demographic variable such as age, marital status, education, income, type of family, working hrs per day, Resting hrs per day, Number of dependents, Health complaints etc.,

Section-B: Consist of standardized Arbor job stress scale having 20 items to used asses level of occupational stress such as I feel little enthusiasm for doing my job, I feel tired even with adequate sleep, I feel frustrated in carrying out my responsibilities at work, I am moody irritable (a) impatient over small inconveniences, I want to withdraw from the constant demand on my true and energy, I feel negative futile (or) depressed about my job, My decision making ability seems less than usually, I think that I am not as efficient as I should be, The quality of my work is less than it should be, I feel physically, emotionally (or) Spiritually depleted, My resistance to illness is lowered, I am eating, drinking more or less coffee, tea, alcohol, drugs in order to cope with

my job, My communication with my boss, co-workers, friends, family, seems stained, I am feeling emotionally upset about the problems & needs of others, I am forget full, I am having difficulty in concentration, I am easily bored, I feel sense of dissatisfaction of something wrong (or) missing, When I ask myself why I get up & go to work, the answer that occur is my pay check, I am upset because of something that happened unexpected.

SCORING PROCEDURE

The job stress scale consist of 20 items to be there are five alternatives response with scores such as never (0), almost never (1), Sometimes (2), Fairly often (3), very often(4).

The total score range for 1 – 80

The total score are categorized as follows

$$\text{Copable Stress} = 1 - 25 \text{ Score}$$

Mild Stress = 26 – 40 Score

Moderate Stress = 41 – 55 Score

Severe Stress = 56 – 80 Score

CONTENT VALIDITY

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. To ensure the content validity the tool was given to 5 experts for different fields along with objectives of the study and evaluation criteria checklist.

The experts included 4 from the field of psychiatric nursing one is from the psychologist one from psychiatrist and one from field of biostatistics. The experts were requested to give their opinion and

suggestion regarding the relevance, adequacy and appropriate of the tool.

The tool comprise of 12 items regarding demographic variables and 20 items regarding Job Stress Scale by standardized Arbor Job Stress scale – II, Expected suggested to modify the options for some items and to give equal length for all the question based on the suggestive modification were done.

RELIABILITY OF THE TOOL

Reliability is a degree of consistence with which the attributes (or) variables are measured by an instrument. The reliability of the instrument was estimated by test retest method. The researcher has used the standardized arbor job stress scale – II to assess the occupational stress in the present study.

The reliability of the scale is $r = 0.81$

PILOT STUDY

Pilot study is a small scale trial version done in preparation for a major study. The main objectives of the pilot study is to help the researcher to become familiar with the use of tool and to find out the difficulties to conduct the main study. The pilot study was conducted for 7 days among samples at Sanghavi Shoe Company at Abdullapuram, Vellore District. The investigator obtained written permission from the concerned authority prior to the study . The purpose of the study was explained to the selected working women and confidentially was assured. Working women were selected based on inclusion criteria of the study. Simple random sampling technique was used to select the samples for the study the tool was given to the working women for the study.

On day 1, demographic data and level of occupational stress is assessed. On day 1st CD containing instrumental music consist of 3 session for 10 – 15 min interval was given to the working women made them to listen it three times a day. On 8th day post test was conducted the collected data was analyzed using descriptive and inferential statistics.

The significance of difference in the pre-test and post-test was founded by paired ‘t’ test. The study was found feasible and practicable.

PROCEDURE OF DATA COLLECTION

Data collection is the process of acquiring and collecting information needed for the study from the subject. Prior to data collection permission from General Manager of Sanghavi Shoe Company was obtained for conducting research study. the samples were selected according to the inclusion criteria of the study. Prior to the administration of the tool, self introduction and purpose of data collection were explained to the sample and consent was obtained and the confidentially was maintained. Sixty samples taken in the research study and basic information of the sample is collected by demographic proforma and per-test is done by job stress scale to assess the occupational stress among the samples. Music therapy is given after the filling the both tools for 3 session of 10 – 15 min with instructions. Post-test is done on the 31st day to assess the effectiveness of music therapy for the same sixty samples.

PLAN FOR DATA ANALYSIS

Data analysis was planned based on objectives both descriptive and inferential statistics were used to analyze the data.

Organising the data in master coding sheet. Frequency and percentage of data will be calculated to describe demographic variables.

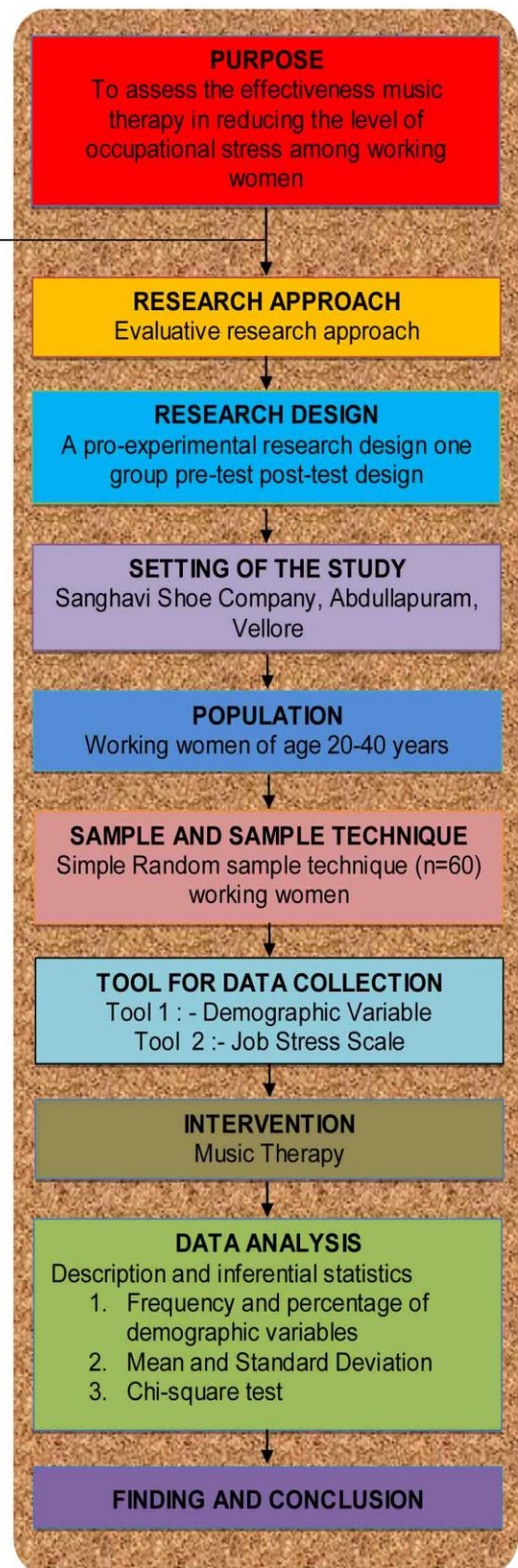
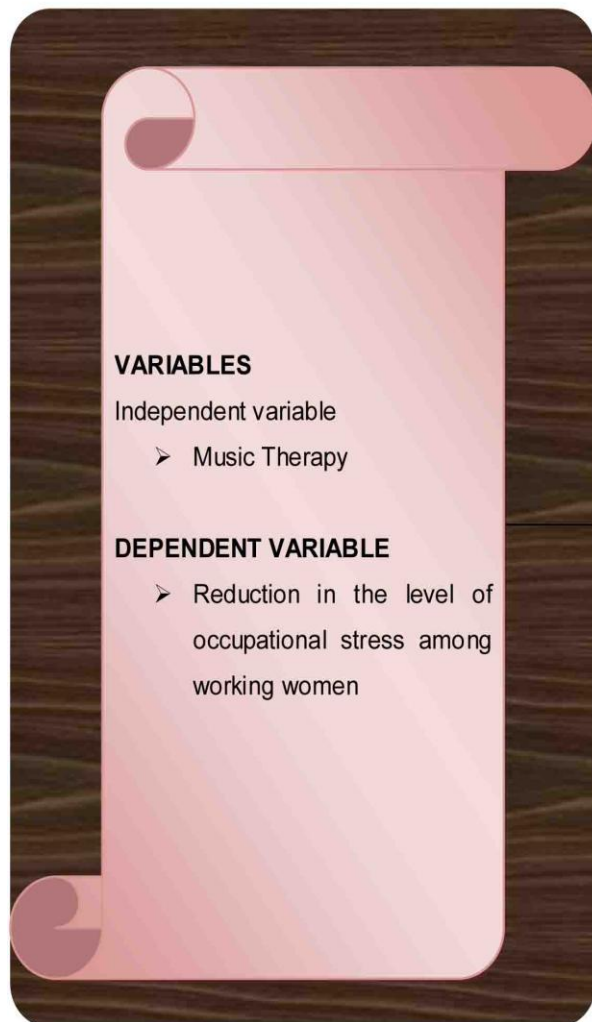
Mean , and standard deviation of occupational stress scores would be used to determine the effectiveness of music therapy .the statistical significance of the effectiveness of music therapy would be analysed using inferential statistics like paired “t” test and chi-square.

ETHICAL CONSIDERATION

Confidentially and anonymity of the subjects was marinated participate in the prior to the study, consent was taken from the concern authority their willingness to study.

SUMMARY

This chapter has deal with research approach, research design, variables levels the study, research setting, population sample, sampling technique, inclusion and exclusion criteria the data collection instrument, content validity. Pre-testing, development and description of the tool, reliability, method of data collection and plan for data analysis.



SYSTEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

CHAPTER-IV

ANALYSIS AND INTERPRETATION

Analysis refers to a number of closely related operations which were performed with the purposes of summarizing the collected data and organising the data in such a manner that they answer the research questions.

In this present study pre-experimental design is used. The data was collected from the working women in Sanghavi Shoe Company, Vellore. The data collected were organised, tabulated, analysed and interpreted by using descriptive and inferential statistics and is described with help of tables and graphs.

OBJECTIVES

- 1) To assess the level of occupational stress of working women before and after music therapy in selected shoe company.
- 2) To assess the effectiveness of music therapy on occupational stress among working women at selected shoe company.
- 3) To find out the association between effectiveness of music therapy on women workers with selected demographic variable.

NULL HYPOTHESIS

The hypothesis will be tested at 0.05 level of significance

- H01: There is a significant relationship between occupational stress and music therapy
- H02: There is no significant association between music therapy and occupational stress.

ORGANISATION OF THE FINDING

The result have been organised and presented in following heading

Table-I: Frequency and Percentage distribution of demographic variables of working women.

Table-II: Comparison between pre-test and post-test level of occupational stress among working women.

Table-III: Comparison between mean and standard deviation of pre-test and post-test and the effectiveness of music therapy on job stress scale among working women.

Table-IV: Mean and standard deviation of improvement of job stress scale of working women.

Table-I: Frequency and Percentage Distribution of Demographic Variables of Working Women

S. No	Demographic Variable		Number	Percentage
1	Age	20-25 Years	12	20.00%
		26-30 Years	17	28.30%
		31-35 Years	15	25.00%
		36-40 Years	16	26.70%
2	Marital Status	Single	21	35.00%
		Married	36	60.00%
		Widow	3	5.00%
3	Education	Below SSLC	7	11.70%
		SSLC	11	18.30%
		PUC	38	63.30%
		Illiterate	4	6.70%
4	Monthly Income	1000-2000	1	1.70%
		2001-3000	1	1.70%
		3001-4000	14	23.30%
		Above 4000	44	73.30%
5	Religion	Hindu	42	70.00%
		Muslim	12	20.00%
		Christian	6	10.00%
6	Type of Family	Nuclear	21	35.00%
		Joint Family	31	51.70%
		Extended	5	8.30%
		Other	3	5.00%
7	Work Experience	Up to 1 Year	4	6.70%
		2-4 Year	31	51.70%
		5-7 Year	14	23.30%
		More than 7 Year	11	18.30%

S. No	Demographic Variable		Number	Percentage
8	No.of duty hrs per day	4 Hrs/Day	2	3.30%
		6 Hrs/Day	13	21.70%
		8 Hrs/Day	36	60.00%
		10 Hrs/Day	9	15.00%
9	Resting Hrs BTW Work	Half an Hour	17	28.30%
		1 Hour	34	56.70%
		2 Hour	7	11.70%
		>2 Hour	2	3.30%
10	No. of dependent	0-3	20	33.30%
		4-6	30	50.00%
		7-9	8	13.30%
		None	2	3.30%
11	Personal Habits	Alcoholism	2	3.30%
		Chewing tobacco	5	8.30%
		Both	7	11.70%
		None	46	76.70%
12	Present Health Complaints	Headache	16	26.70%
		Respiratory problems	7	11.70%
		Skin irritation	8	13.30%
		Sleep disturbance	29	48.30%

Among 60 sample, 20 percent of the sample [12] were in the age group of 20-25 years, 28.3 percent of the sample [17] were in the age group of 26-30year.25 percent of the sample [15] were in the age group of 31-35 and 26.7 percent of the sample [16] were in the age group of 36-40 years.

Regarding marital status 35 percent of the sample [21] were single and 60 percent of the sample [36] were married, 5% of the sample [3] were widow.

According to the educational status of the samples, 63.3% that is a total of [38] were < SSLC, 18.3% of samples [11] completed SSLC, 11.7% of the sample [7] completed PUC, 6.7% of sample [4] were illiterates.

Among 60 samples 1.7 percent of the sample [1] had a monthly income is between 1000-2000, 1.7% of the samples [1] had monthly income of 2001-3000. 23.3% [14] had a monthly income of 3001-4000. 73.3% [44] had a monthly income above 4000.

Among 60 samples, 70 percent of the sample [42] belongs to Hindu religion, 20 percent of the sample [12] were Muslim, 10 percent of the [6] were Christian.

Regarding type of family, 35% of the sample [21] are from nuclear family, 51.7% of the sample [31] are from joint family, 8.3% of the sample [5] are from extended family, 5% of the sample [3] from others

Regarding work experience 6.7 percent of the sample [4] had less than or equal to 1 year experience, 51.7% of the sample [31] had 2-5 years, 23.3% of the sample [14] had 5-7 years' experience, 18.3% of the sample [11] had more than 7 years of experience.

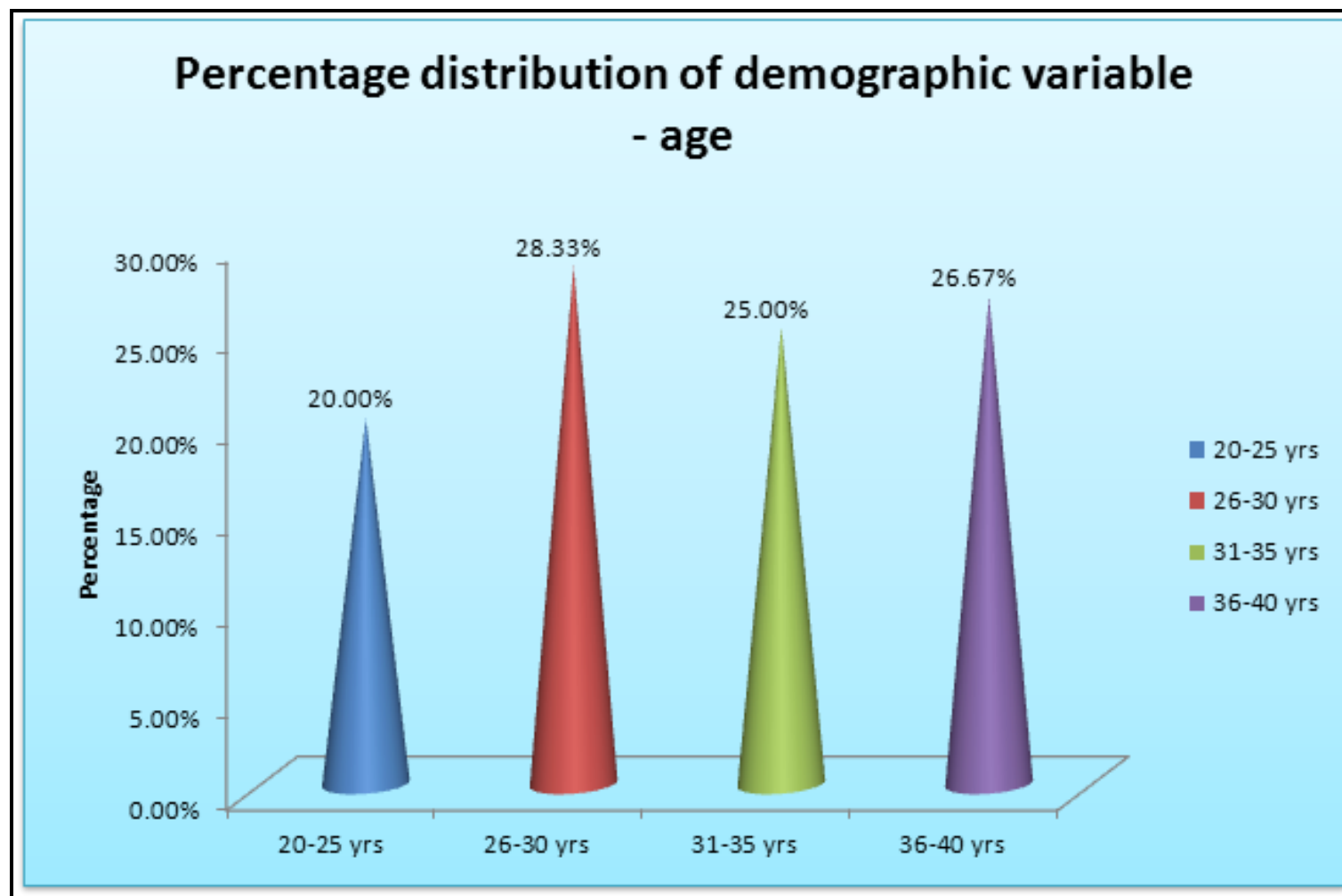
Among 60 samples 3.3 percent of the sample [2] work for 4 hours per day, 21.7 percent of the sample [13] work for 6 hours per day, 60 percent [36] work for 8 hours per day, 15% of the sample [9] work for 10 hours per day.

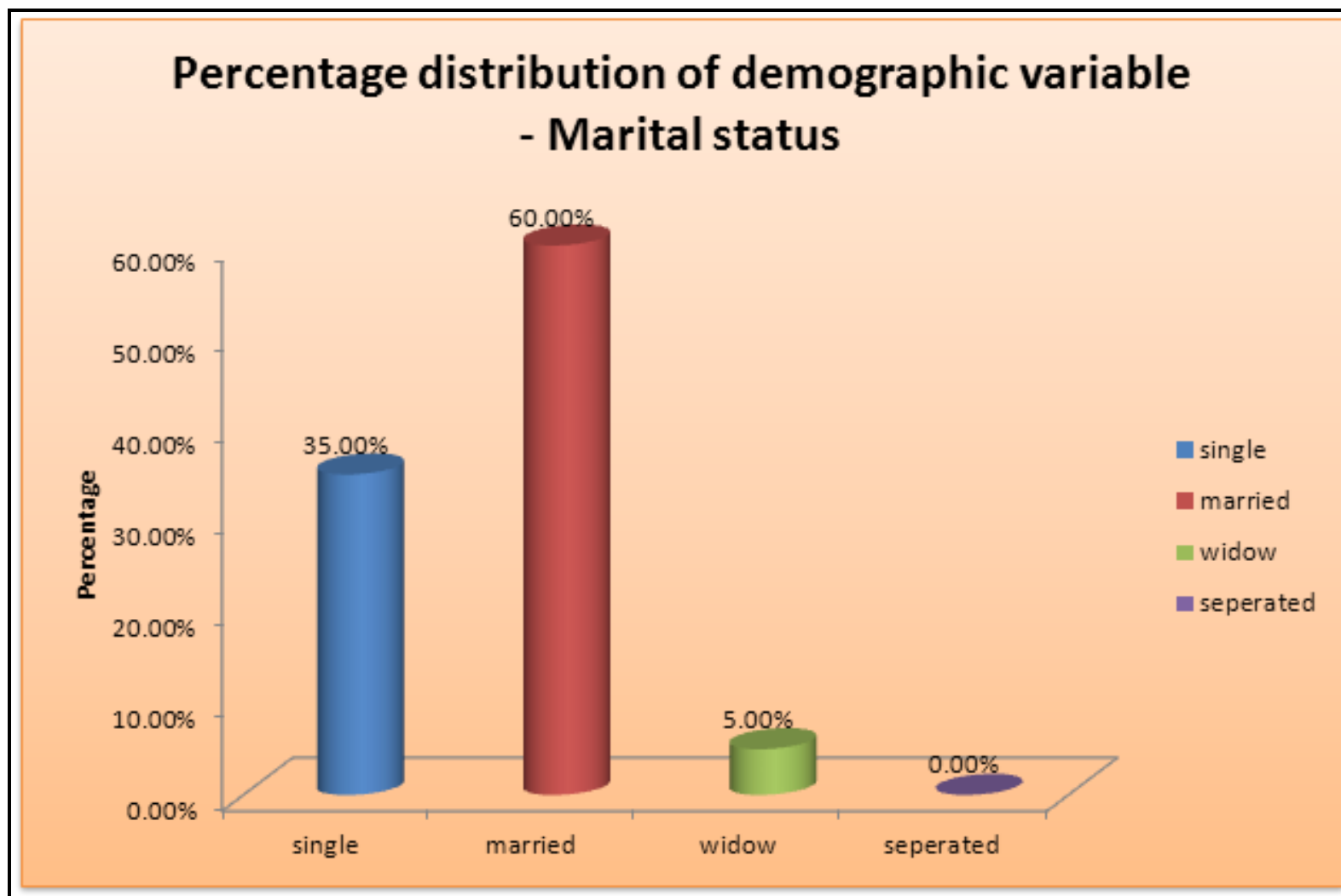
Regarding resting working, 28.3% of the sample [17] take rest in between half an hour, 56.7 percent of the sample [34] take rest in between 1 hour, 11.7% of the sample [7] take rest in between 2 hours, 3.3% of the sample [2] take rest more than two hours.

Regarding number of dependents, 33.3% of the sample [20] had 0-3 dependents, 50% of the sample [30] had 4-6 dependents, 13.3% of the sample [8] had above 7-9 dependents, 3.3% of the sample [2] none.

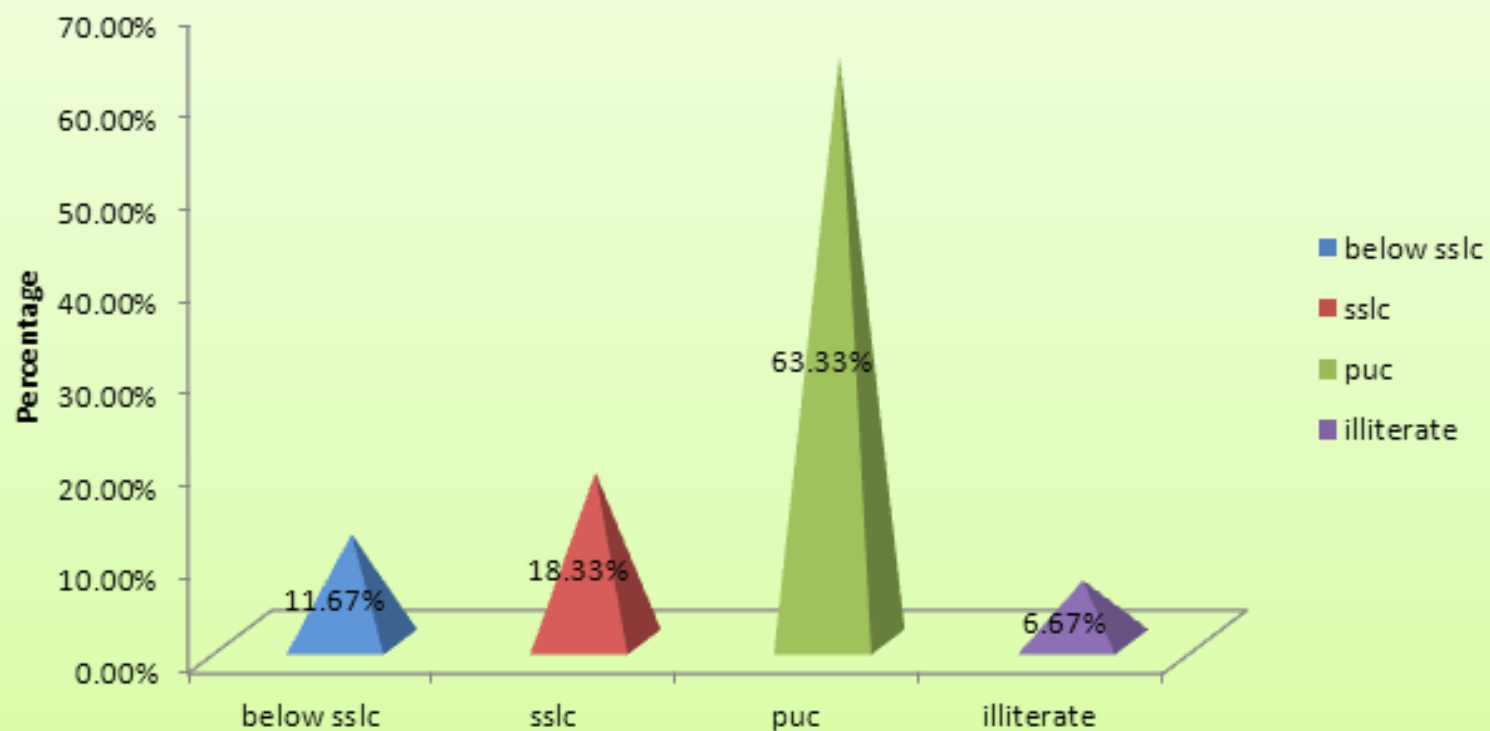
Regarding personal habits, 3.3% of the sample [2] had alcoholism, 8.3% of the sample [5] had chewing tobacco, 11.7% of the sample [7] had both, 76.7% of the sample [46] had none.

Regarding health problems, 11.7% of the sample [7] had respiratory problem as present health complaint, 26.7% of the sample [16] had head ache, 13.3% of the sample [8] had skin irritation, 48.3% of the sample [29] had sleep disturbance.

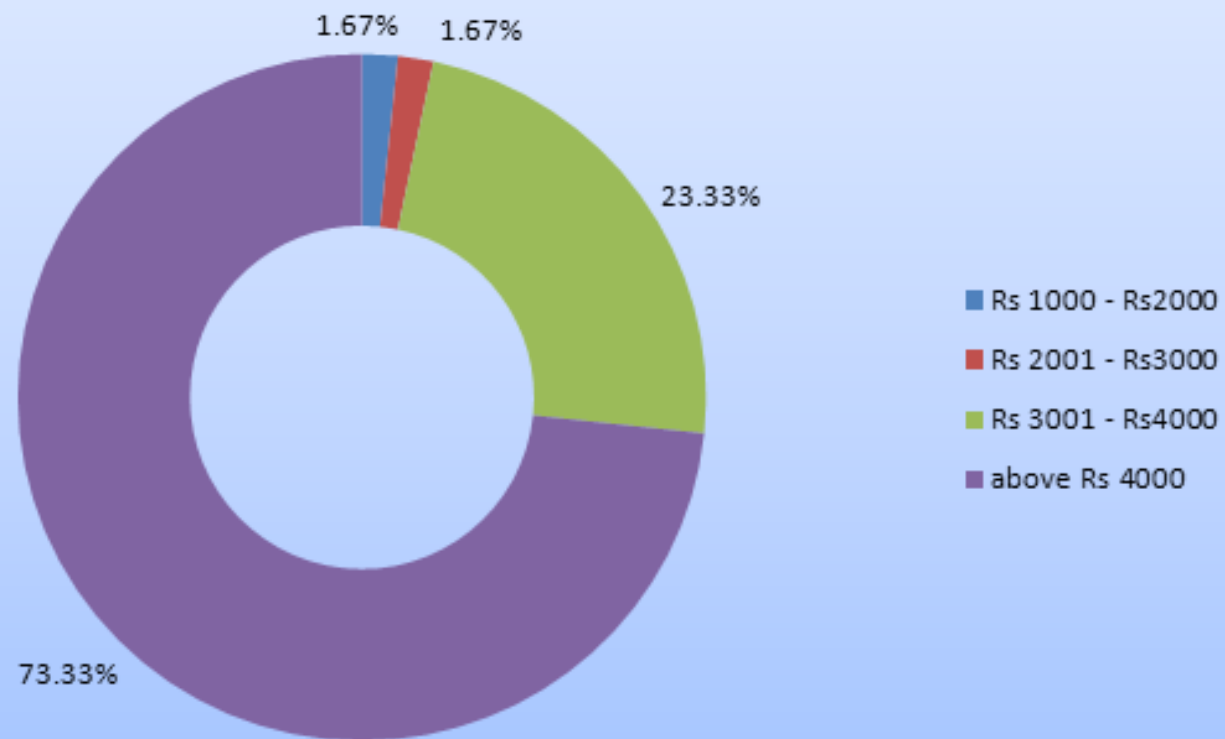




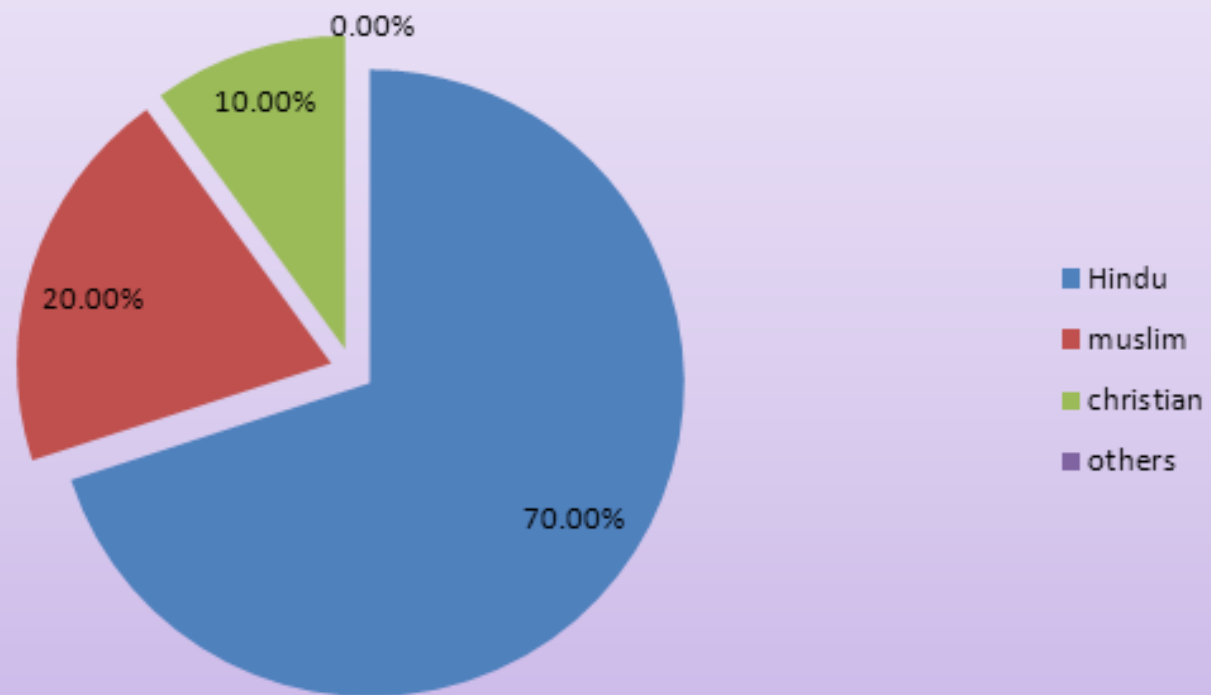
Percentage distribution of demographic variable - Education status

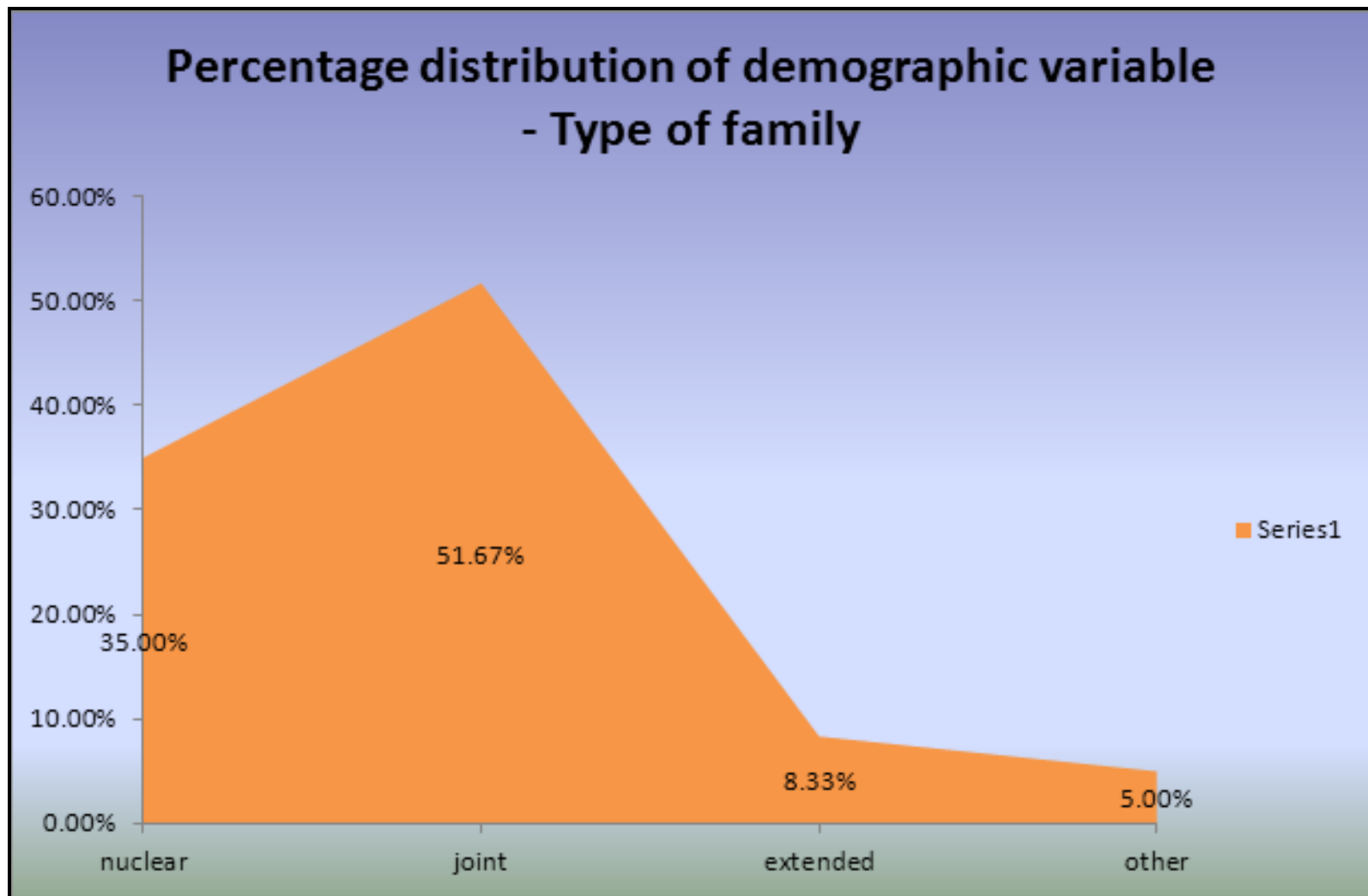


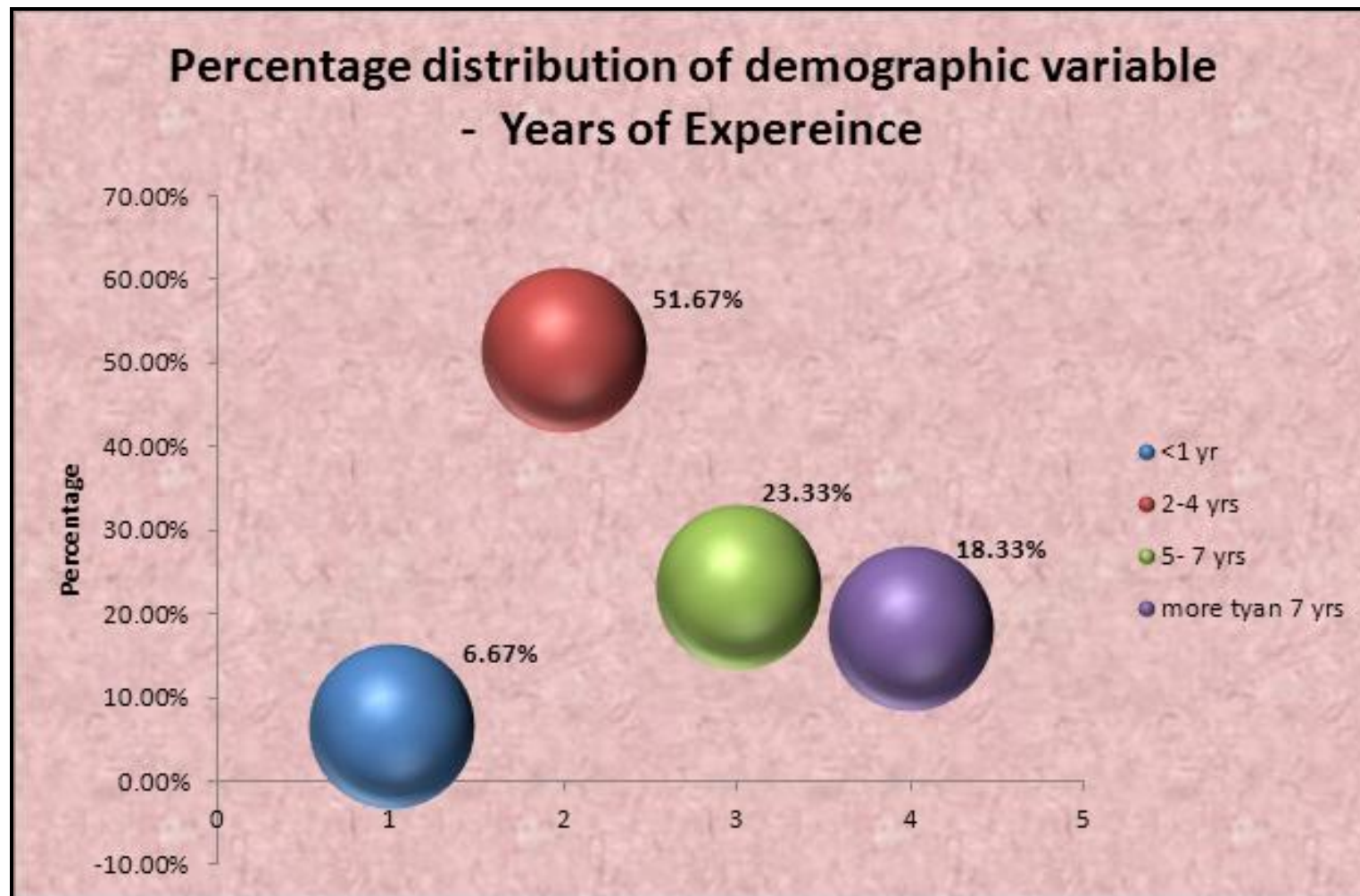
Percentage distribution of demographic variable - Monthly income



Percentage distribution of demographic variable - Religion



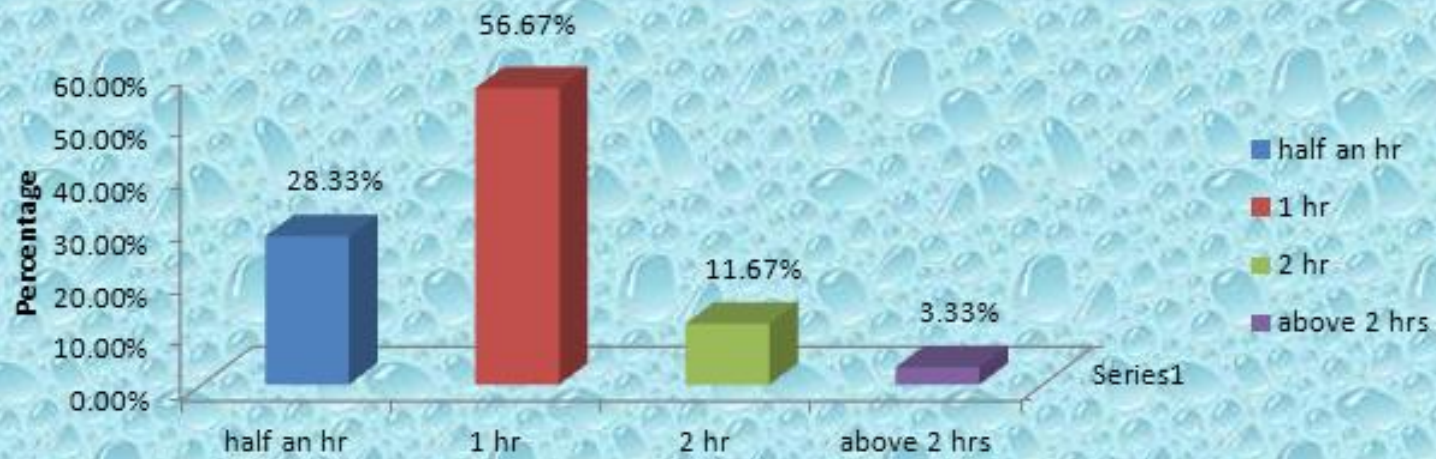




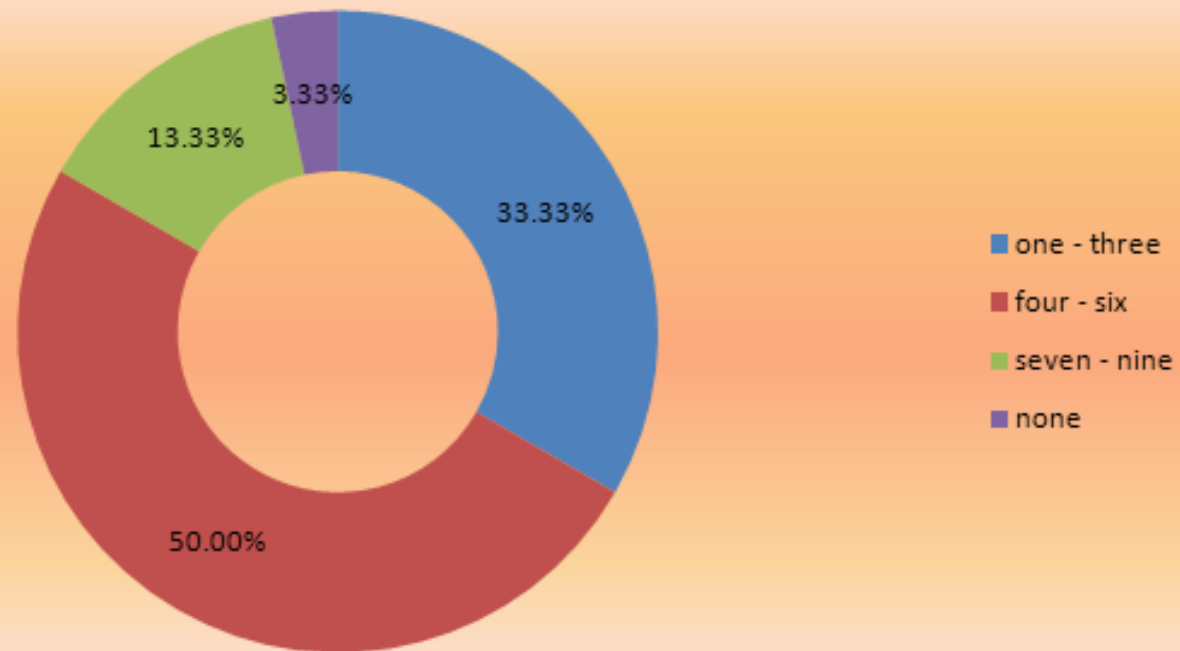
Percentage distribution of demographic variable - Duty Hours

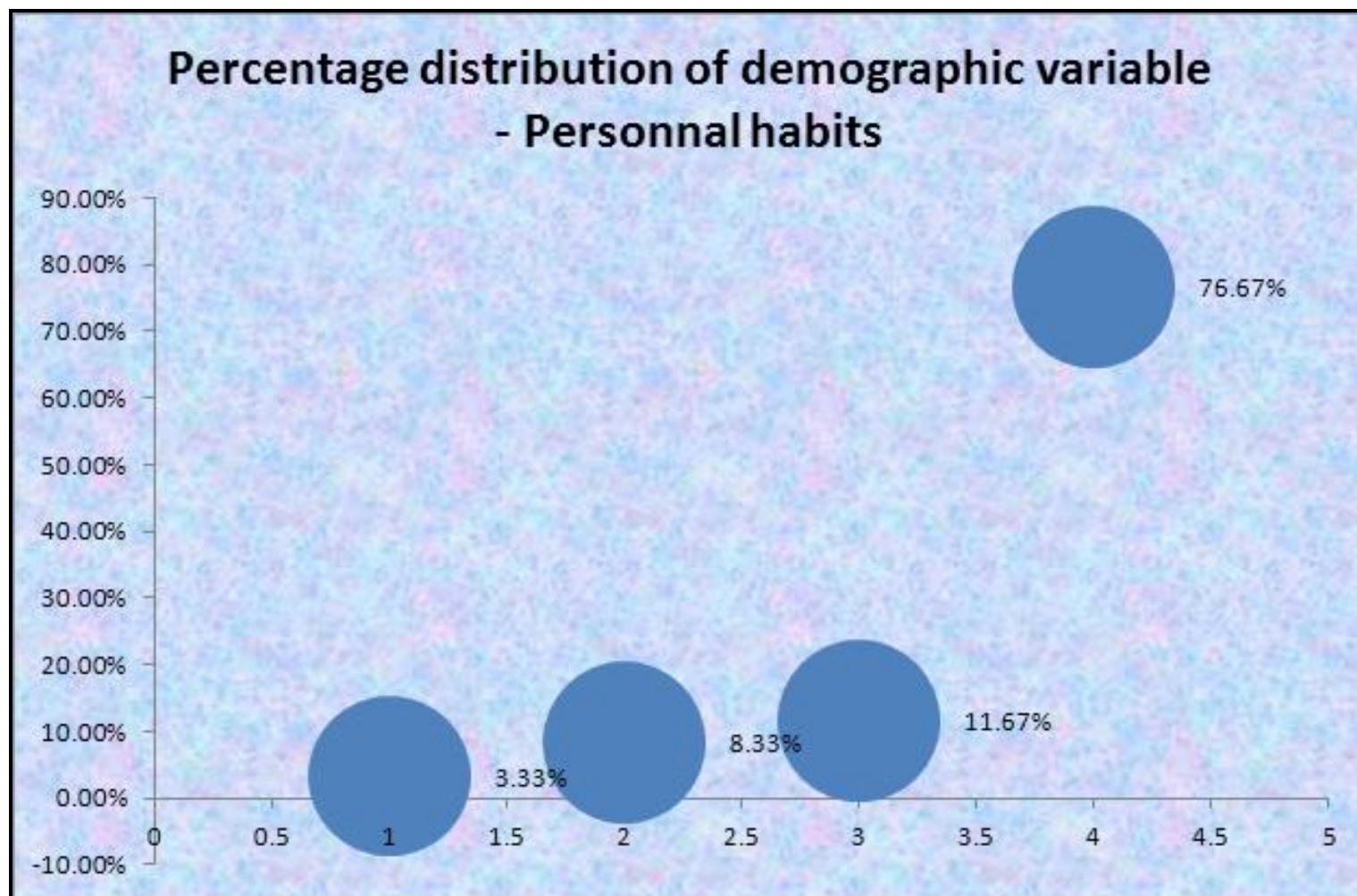


Percentage distribution of demographic variable - Rest Hours



Percentage distribution of demographic variable - Dependents





Percentage distribution of demographic variable - Health Complaints

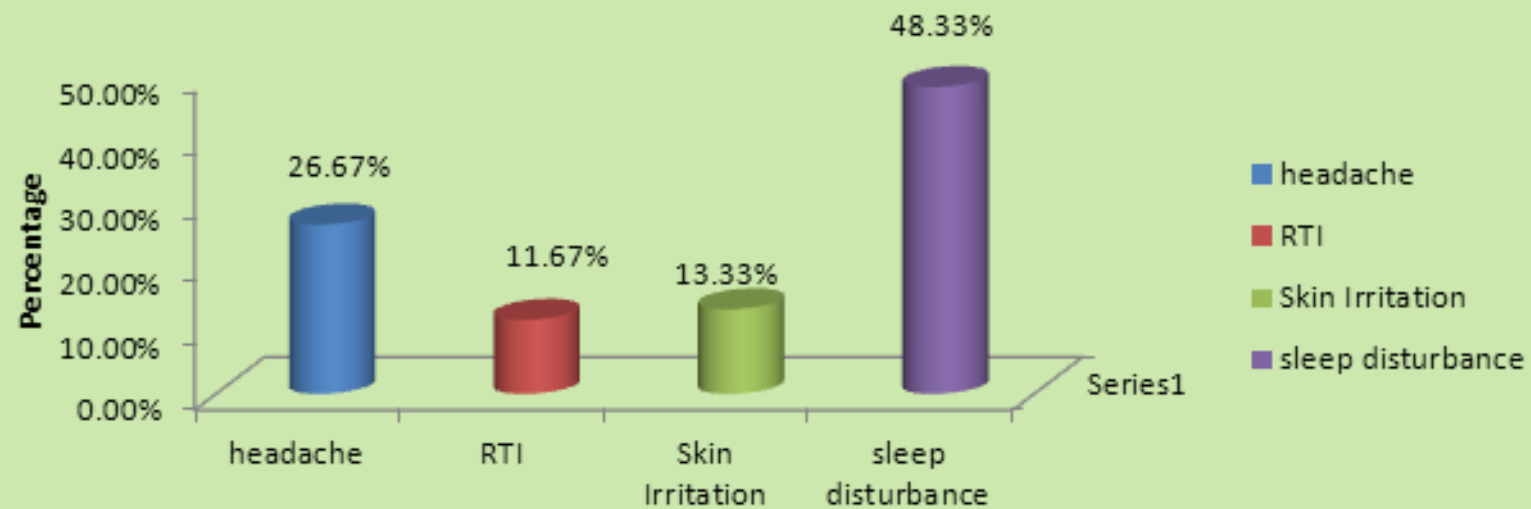


Table-II: Comparision Beween Pre-test and Post- test Score Level of Stress among Working Women

N=60

S. No	Level of stress	Pre Test		Post Test	
		Number of samples	percentage	Number of samples	percentage
1	Copable	0	0	50	83.3
2	Mild	0	0	10	16.7
3	Moderate	36	60.0	0	0
4	Severe	24	40.0	0	0
Total		60	100.00	60.00	100.00

In this table the Comparison between the pre- test and post -test score of level of stress of the women workers. In the pre- test 36 (60 percentage) women workers had moderate stress and 24 (40 percentage) women workers had severe stress and in the post -test 50 (83.3 percentage) had copable stress, 10 (16.7 percentage) had mild stress after music therapy comparison between mean and standard deviation of pre-test and post- test and the effectiveness of music therapy on occupational stress among women workers.

Table – III: Comparison between mean and standard deviation of pre-test and post- test and the effectiveness of music therapy on occupational stress among working women

N=60

S.No	Level of Stress	Mean	Standard deviation
1	Pre Test	75.65	9.99
2	Post Test	33.68	7.04

It reveals the comparison between the mean and standard deviation of stress among the women worker the mean of pretest occupational stress level in 75.65 and standard deviation was 9.99. The mean of post- test occupational stress level is 33.68 and Standard deviation is 7.04.

Table-IV: Comparison between mean and standard deviation of pre-test and post-test and the effectiveness of music therapy on occupational stress among working women.

N=60

S.No	Score	Mean	Standard deviation	95% Confidence interval of two difference		‘t’ Value
				Lower	Upper	
1	Pre test & Post test	41.97	12.15	38.83	45.10	28.78

p <0.05

In the table reveals the improvement score of stress mean is 41.97, Standard deviation of 12.15.As there is significant differentiate between the pre -test and post -test, hence the music therapy was effective on occupational stress among women workers.

Table-V: Analyzing the Association Between Demographic Variables of Pre-Test Stress Level Among Working Women

			Pre Score								Chi square	p value
			Normal		Mild		Moderate		Severe			
			Freq uency	%	Freq uency	%	Freq uency	%	Freq uency	%		
1	Ageyear	20-25 yrs	0	0.00	0	0.00	6	10.00	6	10.00	1.39	0.71
		26-30 yrs	0	0.00	0	0.00	12	20.00	5	8.33		
		31-35 yrs	0	0.00	0	0.00	9	15.00	6	10.00		
		36-40 yrs	0	0.00	0	0.00	9	15.00	7	11.67		
2	Marital status	Single	0	0.00	0	0.00	13	21.67	8	13.33	2.33	0.31
		Married	0	0.00	0	0.00	20	33.33	16	26.67		
		Widow	0	0.00	0	0.00	3	5.00	0	0.00		
		Seperated	0	0.00	0	0.00	0	0.00	0	0.00		
3	Educational Status	Below SSLC	0	0.00	0	0.00	4	6.67	3	5.00	3.11	0.38
		SSLC	0	0.00	0	0.00	7	11.67	4	6.67		
		PUC	0	0.00	0	0.00	21	35.00	17	28.33		
		Illiterate	0	0.00	0	0.00	4	6.67	0	0.00		
4	Monthly Income	Rs 1000 - Rs2000	0	0.00	0	0.00	1	1.67	0	0.00	4.44	0.22
		Rs 2001 - Rs3000	0	0.00	0	0.00	1	1.67	0	0.00		
		Rs 3001 - Rs4000	0	0.00	0	0.00	11	18.33	3	5.00		
		above Rs 4000	0	0.00	0	0.00	23	38.33	21	35.00		
5	Religion	Hindu	0	0.00	0	0.00	26	43.33	16	26.67	0.68	0.71
		Muslim	0	0.00	0	0.00	6	10.00	6	10.00		
		Christian	0	0.00	0	0.00	4	6.67	2	3.33		
		Others	0	0.00	0	0.00	0	0.00	0	0.00		
6	Types of family	Nuclear	0	0.00	0	0.00	10	16.67	11	18.33	2.49	0.48
		Joint	0	0.00	0	0.00	20	33.33	11	18.33		
		Extended	0	0.00	0	0.00	4	6.67	1	1.67		
		Other	0	0.00	0	0.00	2	3.33	1	1.67		

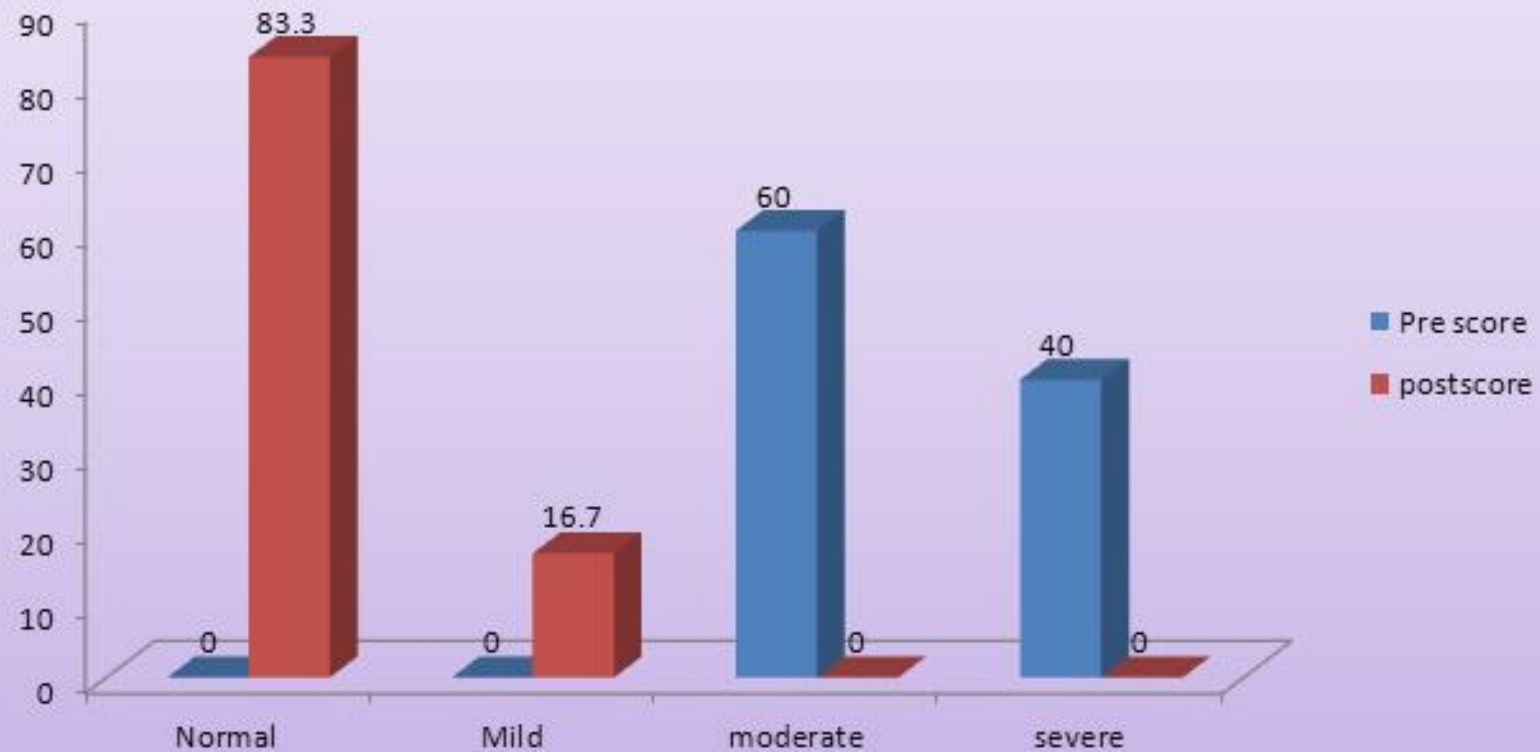
			Pre Score								Chi square	p value
			Normal		Mild		Moderate		Severe			
			Freq uency	%	Freq uency	%	Freq uency	%	Freq uency	%		
7	working years	<1 yr	0	0.00	0	0.00	3	5.00	1	1.67	3	0.39
		2-4 yrs	0	0.00	0	0.00	21	35.00	10	16.67		
		5- 7 yrs	0	0.00	0	0.00	6	10.00	8	13.33		
		More than 7 yrs	0	0.00	0	0.00	6	10.00	5	8.33		
8	number of duty hours per day	4 hrs/day	0	0.00	0	0.00	1	1.67	1	1.67	1.01	0.8
		6hrs / day	0	0.00	0	0.00	9	15.00	4	6.67		
		8hrs / day	0	0.00	0	0.00	20	33.33	16	26.67		
		10hrs / day	0	0.00	0	0.00	6	10.00	3	5.00		
9	Resting hours	Half an hr	0	0.00	0	0.00	8	13.33	9	15.00	2.86	0.41
		1 hr	0	0.00	0	0.00	22	36.67	12	20.00		
		2 hr	0	0.00	0	0.00	4	6.67	3	5.00		
		above 2 hrs	0	0.00	0	0.00	2	3.33	0	0.00		
10	dependents	1-3	0	0.00	0	0.00	9	15.00	11	18.33	4.1	0.25
		4-6	0	0.00	0	0.00	19	31.67	11	18.33		
		7-9	0	0.00	0	0.00	6	10.00	2	3.33		
		None	0	0.00	0	0.00	2	3.33	0	0.00		
11	Personal habits	Alcoholism	0	0.00	0	0.00	2	3.33	0	0.00	3.87	0.28
		Tobacco	0	0.00	0	0.00	3	5.00	2	3.33		
		Both	0	0.00	0	0.00	6	10.00	1	1.67		
		None	0	0.00	0	0.00	25	41.67	21	35.00		
12	health complaint	Headache	0	0.00	0	0.00	8	13.33	8	13.33	6.91	0.08
		RTI	0	0.00	0	0.00	7	11.67	0	0.00		
		Skin	0	0.00	0	0.00	6	10.00	2	3.33		
		Sleep disturbance	0	0.00	0	0.00	15	25.00	14	23.33		

Table-VI: Analyzing the Association Between Demographic Variables of Post-Test Stress Level Among Working Women

			Postscore								Chi square	p value
			Normal		Mild		Moderate		Severe			
			Freq uency	%	Freq uency	%	Freq uency	%	Freq uency	%		
1	Ageyear	20-25 yrs	9	15.00	3	5.00	0	0.00	0	0.00	1.21	0.75
		26-30 yrs	15	25.00	2	3.33	0	0.00	0	0.00		
		31-35 yrs	12	20.00	3	5.00	0	0.00	0	0.00		
		36-40 yrs	14	23.33	2	3.33	0	0.00	0	0.00		
2	Marital status	Single	19	31.67	2	3.33	0	0.00	0	0.00	2.17	0.338
		Married	28	46.67	8	13.33	0	0.00	0	0.00		
		Widow	3	5.00	0	0.00	0	0.00	0	0.00		
		Seperated	0	0.00	0	0.00	0	0.00	0	0.00		
3	Educational status	Below SSLC	7	11.67	0	0.00	0	0.00	0	0.00	11.676*	0.009
		SSLC	10	16.67	1	1.67	0	0.00	0	0.00		
		PUC	32	53.33	6	10.00	0	0.00	0	0.00		
		Illiterate	1	1.67	3	5.00	0	0.00	0	0.00		
4	Monthly income	Rs 1000 - Rs2000	1	1.67	0	0.00	0	0.00	0	0.00	9.132*	0.028
		Rs 2001 - Rs3000	1	1.67	0	0.00	0	0.00	0	0.00		
		Rs 3001 - Rs4000	8	13.33	6	10.00	0	0.00	0	0.00		
		above Rs 4000	40	66.67	4	6.67	0	0.00	0	0.00		
5	Religion	Hindu	34	56.67	8	13.33	0	0.00	0	0.00	0.77	0.68
		Muslim	11	18.33	1	1.67	0	0.00	0	0.00		
		Christian	5	8.33	1	1.67	0	0.00	0	0.00		
		Others	0	0.00	0	0.00	0	0.00	0	0.00		
6	Types of family	Nuclear	18	30.00	3	5.00	0	0.00	0	0.00	6.49	0.09
		Joint	26	43.33	5	8.33	0	0.00	0	0.00		
		Extended	5	8.33	0	0.00	0	0.00	0	0.00		
		Other	1	1.67	2	3.33	0	0.00	0	0.00		

			Postscore								Chi square	p value
			Normal		Mild		Moderate		Severe			
			Freq uency	%	Freq uency	%	Freq uency	%	Freq uency	%		
7	workingyears	<1 yr	3	5.00	1	1.67	0	0.00	0	0.00	0.89	0.828
		2-4 yrs	26	43.33	5	8.33	0	0.00	0	0.00		
		5- 7 yrs	11	18.33	3	5.00	0	0.00	0	0.00		
		More than 7 yrs	10	16.67	1	1.67	0	0.00	0	0.00		
8	number of duty hours per day	4 hrs/day	2	3.33	0	0.00	0	0.00	0	0.00	0.99	0.805
		6hrs / day	10	16.67	3	5.00	0	0.00	0	0.00		
		8hrs / day	30	50.00	6	10.00	0	0.00	0	0.00		
		10hrs / day	8	13.33	1	1.67	0	0.00	0	0.00		
9	Resting hours	Half an hr	14	23.33	3	5.00	0	0.00	0	0.00	2.19	0.534
		1 hr	27	45.00	7	11.67	0	0.00	0	0.00		
		2 hr	7	11.67	0	0.00	0	0.00	0	0.00		
		Above 2 hrs	2	3.33	0	0.00	0	0.00	0	0.00		
10	dependents	1-3	17	28.33	3	5.00	0	0.00	0	0.00	1.74	0.328
		4-6	25	41.67	5	8.33	0	0.00	0	0.00		
		7-9	7	11.67	1	1.67	0	0.00	0	0.00		
		None	1	1.67	1	1.67	0	0.00	0	0.00		
11	Personal habits	Alcoholism	2	3.33	0	0.00	0	0.00	0	0.00	1.22	0.747
		Tobacco	4	6.67	1	1.67	0	0.00	0	0.00		
		Both	5	8.33	2	3.33	0	0.00	0	0.00		
		None	39	65.00	7	11.67	0	0.00	0	0.00		
12	health complaint	Headache	12	20.00	4	6.67	0	0.00	0	0.00	2.31	0.511
		RTI	7	11.67	0	0.00	0	0.00	0	0.00		
		Skin	7	11.67	1	1.67	0	0.00	0	0.00		
		Sleep disturbance	24	40.00	5	8.33	0	0.00	0	0.00		

Percentage distribution of Pre - Post Music therapy for Occupational Stress



CHAPTER-V DISCUSSION

This chapter attempts to discuss the finding of the study. The finding of the present study were compared and contrasted with those of other similar studies. The present study was undertaken with the following objectives.

The objects of the study

- 1) To assess the level of occupational stress before and after the music therapy among working women at selected Shoe Company.
- 2) To assess the effectiveness of music therapy on occupational stress among working women at Selected Shoe Company.
- 3) To assess the association between effectiveness of music therapy among working women at selected shoe company.

An evaluative approach was adapted to determine the effectiveness of music therapy in reducing the occupational stress among working women in selected shoe company in Vellore dwastrect. The simple random sampling technique was used to select the study, setting and samples. The tool used for the study were demographic proforma, and job stress scale. Data was collected from the samples by using above mentioned tools. The obtained data was analyzed by using descriptive and inferential statistics.

Major finding of the study sample Characteristics

Finding related to demographic variables were discussed as follows:

Regarding the age group 20 percent of the sample(12) were in the age group of 20-25 Years, 28 percent of the sample(17) were in the age

group of 26-30years, 25 percent of the sample(15) were in the age group of 31-35 years and 27 percent of the sample(16) were in the age group of 36-40 years.

Regarding marital status 35 percent of the sample(21) were single and 60 percent of the sample (36) were married, 5 percent of the sample (3) were widow.

According to educational status of the sample 12 percent of the sample(7) were below SSLC, 18 percent of the sample(11) were SSLC, 63 percent of the sample(38) were PUC, 7 percent of the sample (4) were illiterate.

Among 60 sample, 2 percent of the sample (1) had 1000-2000 monthly income, 2 percent of the sample (1) getting 2001-3000 monthly income 23 percent of the sample (14) getting monthly income 3001-4000, 73 percent of the sample (44) getting monthly income above 4000.

According to the religion, 70 percent of the sample (42) were Hindu, 20 percent of the sample (12) were Muslims, 10 percent of the samples (6) were Christians.

Regarding type of Family, 35 percent of the sample (21) were from nuclear family, 52 percent of the sample (31) were from joint family, 83 percent of the sample (5) were from extended family, 5 percent of the sample(3) were from others.

Regarding work experience 3 percent of the sample (2) had less than (or) equal to 1 year, 22 percent of the sample (13) had 2-4 year experience, 60 percent of the sample(36) had 5-7 year experience, 15 percent of the sample (9) had more than 7 year experience.

Regarding the resting hwas in between work 28 percent of the sample (17) take rest half an hour, 57 percent of the sample (34) take

rest 1 hour, 12 percent of the sample (7) take rest for 2 hours, 3 percent of the sample take rest more than 2 hours.

Among 60 Sample, 3 percent of the sample (2) work for 4 hours per day, 22 percent of the sample (13) work for 6 hrs per day, 60 percent of the sample(36) work for work for 8 hours per day, 15 percent of the sample (9) work for 10 hours.

Regarding number of dependents, 33 percent of the sample (20) had 0-3 dependents, 50 percent of the sample(30) had 4-6 dependent 13 percent of the sample (8) had 7-9 dependent 3 percent of the sample (2) had none dependents.

Regarding personal habits, 3 percent of the sample(2) take alcohol, 8 percent of the sample (5) had tobacco chewing, 12 percent of the sample had both habits, 75 percent of the sample (46) had no such habits.

Regarding health complaints, 27 percent of the sample (16) had headache, 12 percent of the sample(7) had respiratory problem, 13 percent of the sample (8) had skin irritation, 48 percent of the sample (29) had sleep disturbance.

The first objective was to assess the level of occupational stress among working women.

Among the 60 samples regarding the symptoms of stress 60 percent had moderate stress of the sample (36) and 40 percent had severe stress level of the sample (24). But after the music therapy, 83 percent had copable stress level of the sample (50), and 17 per cent had mild stress level of the sample (10) .The mean percentage of the pre-test was 75.65 of the sample 60 and the mean percentage of the post - test was 33.68 of the sample 60. The standard deviation of the pre-test

was 9.99 of the sample 60 and the standard deviation of the post test was 7.04 of the sample 60.

These findings clearly showed that there was high level of occupational stress among working women before the intervention and the occupational stress was decrease after the intervention (music therapy).

This was supported by a study done by Albright CL among female workers. It was found that 52 percentage of the female workers had moderate stress, where 20 percentage had mild stress and 28 percentage of them had severe stress. It was found that mean was 64.07 and standard deviation was 0.8549 .It seems that female workers with moderate stress were higher.

The dimension wise distribution of level of stress among worker reveals that severe stress was highest ,36 per cent for physical stress factors and lowest 15 per cent for intellectual stress factor. Overall observation shows that moderate stress was experienced by higher percentage of female worker with regard to all the factor.

The second objective was to assess the effectiveness of music therapy on occupational stress among working women at selected shoe company.

The study finding show that, the mean post - level of occupational stress scores (33.68 ± 7.04) was lower than the mean pre-test score (75.65 ± 9.99). Hence, the null hypotheses H1 were accepted so music therapy was found to be effective in reducing the occupational stress.

The study findings were supported by a pre-experimental study, conducted to investigate the effective of music therapy on working women during working hours.

Finding related to per-test and post-test scores

Level of occupational stress among working women in per-test:

According to the pre-test the majority of working women was having moderate and severe stress of age group 26-30years that is 20%(12) and 8%(5).

The more than 70% of working women was having moderate and severe stress who are married is 33%(20) and 27%(16).

Half of the working women was having moderate and severe stress who had puc as education qualification is 35%(21) and 28%(17).

The majority of the working women are having moderate and severe stress who had monthly income above 4000 is 38 %(23) and 35%(21).

The more than 60% working women are having moderate and severe stress who belong to Hindu religion of 43 %(26) and 27%(16).

The majority of the working women are having moderate and severe stress who belong to joint family is 33 %(20) and 18%(11).

The more than 70% of working women was having moderate and severe stress who work for 8 hours per day is 33 %(20) and 27%(16).

Majority of the working women was having moderate and severe stress who had work experience of 2-4 years is 35 %(21) and 17%(10).

Half of the working women was having moderate and severe stress who rest for 1 hour during working hours is 37%(22) and 20%(12).

More than 50% working women was having moderate and severe stress who had 4-6 dependents is 32 %(19) and 18%(11).

Majority of the working women was having moderate and severe stress who had no personal habits such as alcoholism and tobacco is 42 % (25) and 35 % (21).

Half of the working women was having moderate and severe stress who had sleep disturbance as health compliant is 25 % (15) and 23% (14).

This was supported by the study conducted by Kompier M.A. (2012) finding he observe that work related stress was the second most commonly reported. The work related ill health problems with just over half a million workers expressing they had experienced stress at work place. In a study of UK institute of director (2012) 60 percentage people said that the immediate problem because of stress at work place and 90 percentage shows that work practices could a factor of stress.

Level of occupational stress among working women in post-test:

The majority of the working women had moderate and severe occupational stress in the pre-test. But after the intervention of music therapy more than 80 percent of working women adapted to copable and mild stress. According to the post-test the cop able and mild stress identified in the age group 26-30years is 25 % (15) and 3% (2).

In the post-test the working women who were married and having educational qualification puc had copable stress 47% (28) and 53% (32) and mild stress is 13% (8) and 10% (6).

The working women who were hindu religion, getting the salary above 4000 and staying in the joint family had copable stress is 57% (34) ,67% (40) ,43% (26) and mild stress is 13% (8), 7% (14) and 8% (5).

Regarding the working women, who having work experience 2-4yrs and work for 8 hours per day and take rest for 1 hour interval had

the copable stress is 43%(26), 50%(30), 45%(27) and mild stress is 8%(5), 10%(6), 12%(7)

Most of the working women who are having 4-6 dependents and suffering with sleep disturbance and don't have any personal habits such as alcoholism or tobacco after the music therapy their copable stress is 42%(25), 65%(39), 40%(24) and mild stress is 8%(5), 12%(7), 8%(5).

The mean pre-test score 76.65 was greater than the mean of post-test score 33.68. This denotes the giving music therapy was effective in reducing the occupational stress.

The study find was supported by a experimental study conducted by David Shapiro (2012) to investigate the effect of music therapy on women workers to measure the mood change before and after the intervention of music therapy of a five day retreat in Tucson .the participant in the five day retreat showed a 62 per cent increase in happiness ,61 per cent decrease in sadness ,76 per cent decrease in anger and 53 per cent decrease in anxiety. this shows the practice of listening music therapy reduces stress levels and change mood into pleasant way.

The third objective was to find out the association between effectiveness of music therapy on working women with selected demographic variables.

H₀₁: The was no significant difference between the pre-test and post-test were tested by using paired 't' value 26.78 ($P < 0.05$) indicates that there was no significant difference between pre-test and post-test stress score. There was no significant association between music therapy and selected variables. It was evident from the present study that the chi-square valve computed for age, marital status, religion, type of family, number of duty hours per day, resting hours per day, number of dependent, work experience, personal habits and present health status

indicates that there was no significant association between use of music therapy and these demographic variables. But the education and monthly income demographic variables showing that significance is present therefore the investigator partially accept and partially reject it. Thus it clearly shows that practice of music therapy was effective in decreasing the occupational stress level among the sample.

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

SUMMARY

This study was conducted to assess the music therapy an occupational stress among working women in selected shoe company at Abdullapuram, Vellore, Tamil Nadu.

OBJECTIVES

- 1) To assess the level of occupational stress before and after the music therapy among working women at selected shoe company.
- 2) To assess the effectiveness of music therapy on occupational stress among working women at selected shoe company.
- 3) To find out the association between effectiveness of music therapy among working women at selected shoe company.

In this study an attempt is made to test the following hypothesis at 0.05 level of significance.

H₀₁: There is no significant difference between per-test and post-test in the level of occupational stress.

H₀₂: There is no significant association between music therapy and occupational stress.

The literature information enabled the investigator to study the extend of the selected problem, to develop the research tool, criteria checklist, to develop frame work , data analysis and interpretation.

The investigator reviewed the related and non-related literature to select and develop tool for assessing the level of occupational stress.

The research design used for this study is pre-experimental method. The study was conducted in a selected shoe company at Abdullapuram, Vellore with a sample size 60 working women . Two data collection instrument such as demographic proforma and job stress scale were used by the researcher for the study.

MAJOR FINDING OF THE STUDY

The study finding revealed that the sample of 60 percent (36) had moderate stress and 40 percent (24) had severe stress. But after the music therapy it reduces by 83 percent (50) have copable stress and 17 percent (10) have mild stress in the post-test scoring.

Finding related to per-test and post-test scores

Level of occupational stress among working women in pre-test

According to the pre-test the majority of working women was having moderate and severe stress of age group 26-30years that is 20%(12) and 8%(5).

The more than 70% of working women was having moderate and severe stress who are married is 33%(20) and 27%(16).

Half of the working women was having moderate and severe stress who had puc as education qualification is 35%(21) and 28%(17).

The majority of the working women are having moderate and severe stress who had monthly income above 4000 is 38 %(23) and 35%(21).

The more than 60% working women are having moderate and severe stress who belong to Hindu religion of 43 %(26) and 27%(16).

The majority of the working women are having moderate and severe stress who belong to joint family is 33 %(20) and 18%(11).

The more than 70% of working women was having moderate and severe stress who work for 8 hours per day is 33 %(20) and 27%(16).

Majority of the working women was having moderate and severe stress who had work experience of 2-4 years is 35 %(21) and 17%(10).

Half of the working women was having moderate and severe stress who rest for 1 hour during working hours is 37%(22) and 20%(12).

More than 50% working women was having moderate and severe stress who had 4-6 dependents is 32 %(19) and 18%(11).

Majority of the working women was having moderate and severe stress who had no personal habits such as alcoholism and tobacco is 42 %(25) and 35 %(21).

Half of the working women was having moderate and severe stress who had sleep disturbance as health compliant is 25 %(15) and 23%(14).

This was supported by the study conducted by Kompier M.A.(2012) finding he observe that work related stress was the second most commonly reported. The work related ill health problems with just over half a million workers expressing they had experienced stress at work place. In a study of UK institute of director (2012) 60 percentage people said that the immediate problem because of stress at work place and 90 percentage shows that work practices could a factor of stress.

Level of occupational stress among working women in post-test

The majority of the working women had moderate and severe occupational stress in the pre-test. But after the intervention of music therapy more than 80 percent of working women adapted to copable and

mild stress. According to the post-test the cop able and mild stress identified in the age group 26-30years is 25 %(15) and 3%(2).

In the post-test the working women who were married and having educational qualification puc had copable stress 47%(28) and 53%(32) and mild stress is 13%(8) and 10%(6).

The working women who were hindu religion, getting the salary above 4000 and staying in the joint family had copable stress is 57%(34) ,67%(40) ,43%(26) and mild stress is 13%(8), 7%(14) and 8%(5).

Regarding the working women, who having work experience 2-4yrs and work for 8 hours per day and take rest for 1 hour interval had the copable stress is 43%(26), 50%(30), 45%(27) and mild stress is 8%(5), 10%(6), 12%(7)

Most of the working women who are having 4-6 dependents and suffering with sleep disturbance and don't have any personal habits such as alcoholism or tobacco after the music therapy their copable stress is 42%(25), 65%(39), 40%(24) and mild stress is 8%(5), 12%(7), 8%(5).

The mean pre-test score 76.65 was greater than the mean of post-test score 33.68. This denotes the giving music therapy was effective in reducing the occupational stress.

The study find was supported by a experimental study conducted by David Shapiro (2012) to investigate the effect of music therapy on women workers to measure the mood change before and after the intervention of music therapy of a five day retreat in Tucson .the participant in the five day retreat showed a 62 per cent increase in happiness ,61 per cent decrease in sadness ,76 per cent decrease in anger and 53 per cent decrease in anxiety. this shows the practice of listening music therapy reduces stress levels and change mood into pleasant way.

Again study find was supported to this project conducted by Suresh in Tirunelveli in Tamilnadu with the objective to determine how work related factor enhances better quality of life among textile manufacturing workers. The study was conducted on the sample of 210 workers. The respondents were selected on the stratified random sampling. The result shows that insecurity of job leads to discouragement, anxiety and even bitterness for negative perception of quality of work life. After the music therapy more than 70% of the subjects are adapted to positive perception and encouragement in their day today life.

The study finding shows that the mean pre-test is 75.65 and standard deviation 9.99 and the mean of post-test is 33.68 and standard deviation is 7.04. The difference between the pretest and post-test of mean is 41.97 and standard deviation is 2.95. This denoted that music therapy was found to be effective in reducing the occupational stress among working women. In this study, it was found there is no significant difference between pre-test and post-test of level of occupational stress. In this study, it is found there is no significant association between music therapy and occupational stress.

SUMMARY

This chapter dealt with the major finding of the study. From the finding of the study can be concluded that music therapy is effective in reducing occupational stress among working women in selected shoe company, at Abdullapuram, Vellore.

CONCLUSION

Music therapy is a healing force for the disease of the mind. It affect the emotion and character of the individual. In recent days as the technology is increasing in the medical profession so the music therapy are using is wide way as the technique for curing mental disorder. Music is used within a therapeutic relationship to address physical, psychological, cognitive and social needs of the individuals. It is clinical and evidence based use of music intervention to accomplish individualized goals. Working women had moderate and severe level of occupational stress by the per-test, so the investigator selected music therapy as a tool to promote ,maintain and restore mental , physical, emotional, spiritual health and to reduce the occupational stress of working women in selected shoe company

NURSING IMPLICATIONS

The findings of the study have implications in different branches of nursing in nursing practice, nursing education, nursing administration and nursing research. The investigator had portrayed a clear picture regarding the different steps to be in different field to improve the same.

IMPLICATION FOR NURSING PRACTICE

- ❖ Creating awareness is an integral part of the nursing service. Based on the finding of this study.
- ❖ Stress may affect the individual both physically and emotionally. Prevention and reduction of the stress in the prompt way will help to overcome the various ill effects.
- ❖ Community and Occupational based health programs for workers are focused on health promotion and illness prevention. Nurses

are involved in community health through screening and teaching programs.

- ❖ Nurses can play an important role in improving the health of Women Worker, Decreasing barriers to care health status promotion education, development of stress coping strategies includes meditation and assessment of health is important areas for the nurse to address.

Nurses must concentrate in identifying the alternative therapies that enables to overcome stress inherent in their environment

IMPLICATIONS FOR NURSING EDUCATION

Findings of the study have some implication for nursing education. Recommendation for social training to nurses those who are working Occupational area .

- ❖ The knowledge to the professional and guide them properly in all the settings.
- ❖ Conduct in-service education for update the knowledge of nurse and they can able to apply it in specific area while handling the workers.
- ❖ Workers can be trained to identify stress and to implement the practiced stress reducing strategies.

IMPLICATIONS FOR NURSING ADMINISTRATION

With advanced technology and ever growing challenges of health care needs. The college and hospital administration. Have a responsibility to provide nurses, nurse educators and nurse workers with continuing education on various alternative therapies to update their knowledge and skills.

- ❖ The study findings will help the administrator to arrange continuing education program for nurses regarding the music therapy on reducing occupational stress.
- ❖ The nurse administrator should take an active part in the policy making, developing protocol, standing orders related to health care measures.
- ❖ Company policy can be modified to implement stress free environment and to conduct stress reduction program.
- ❖ Nurse administrator should come forward to conduct health camps and mental health check up clinic.

IMPLICATIONS FOR NURSING RESEARCH

- ❖ There is a need for intensive and extensive research in this area. It opens a big avenue for research on innovative methods of creating awareness.
- ❖ The study findings will reveal the current knowledge status about the music therapy.

RECOMMENDATIONS

Based on the research findings the following recommendations can be made:

- ❖ The same study can be done on a larger sample and also at different settings.
- ❖ A similar study can be conducted by using experimental and control group.
- ❖ A comparative study can be done to assess the stress level of women and men.
- ❖ A study can be under taken to evaluate the knowledge after a planned teaching program.

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ANNEXURE-
TOOL FOR DATA COLLECTION

PART-1:

Socio-demographic data

1) Age(year):

- a) 20-25yrs
- b) 26-30yrs
- c) 31-35yrs
- d) 36-40yrs

2) Marital status:

- a) Single
- b) Married
- c) widow
- d) Separated

3) Educational status:

- a) Below SSLC
- b) SSLC
- c) PUC
- d) illiterate

4) Monthly income:

- a) 1000-2000
- b) 2001-3000
- c) 3001-4000
- d) 4001-5000

5) Religion:

- a) Hindu
- b) Muslim
- c) Christian
- d) Other

6) Types of family:

- a) Nuclear
- b) Joint
- c) Extended
- d) Other

7) Since how long working (years):

- a) Less than 1yr
- b) 2-4yr
- c) 5-7yr
- d) More than 7yr

8) Number of duty hours per day:

- a) 4 hours/day
- b) 6 hour/day
- c) 8 hour/day
- d) 10 hour/day

9) Resting hours in between work:

- a) Half an hour
- b) 1 hour
- c) 2 hour
- d) More than 2 hour

10) Number of dependents:

- a) 0 – 3
- b) 4 – 6
- c) 7 – 9
- d) None

11) Personal habits:

- a) Alcoholism
- b) Chewing tobacco
- c) Both
- d) None

12) Present health complaint if any

- a) Headache
- b) Respiratory problems
- c) Skin irritation
- d) Sleep disturbance

JOB STRESS SCALE

The following question ask about your feeling and thought during the last three months.

The best approach is the answer fairly quickly, that is ,don't try to count up the exact number of times you felt a particular way, but tell me the answer that is general seems the best.

For each statement please tell me if you have had these thoughts or feeling.

- 1 : Never
- 2 : Almost Never
- 3 : Some times
- 4 : Fairly often
- 5 : Very often.

JOB STRESS SCALE SCORING

- 0 to 25 : Copable stress
- 26 to 40 : Mild stress
- 41 to 55 : Moderate stress
- 56 to 80 : Severe stress

JOB STRESS SCALE

S. No	Questions	Never	Almost Never	Some Times	Fairly Often	Very Often
		(1)	(2)	(3)	(4)	(5)
1	I feel little enthusiasm for doing my job					
2	I feel tired even with adequate sleep					
3	I feel frustrated in carrying out my responsibilities at work					
4	I am moodily irritable or impatient over small inconveniences					
5	I want to withdraw from the constant demand on my time and energy					
6	I feel negative, futile (or) depressed about my job					
7	My decision making ability seems less than usual					
8	I think that I am not as efficient as I should be					
9	The quality of my work is less than it should be					
10	I feel physically, emotionally, spiritually depleted					
11	My resistance to illness is lowered					
12	I am eating, drinking more or less coffee, tea, alcohol, drugs in order to cope with my job					

S. No	Questions	Never	Almost Never	Some Times	Fairly Often	Very Often
		(1)	(2)	(3)	(4)	(5)
13	My communication with my boss,coworker,friend,family seems strained.					
14	I am feeling emotionlly upset about the problems and needs of others					
15	Iam forget full					
16	Iam having difficulty in concentration					
17	I am easily bored					
18	I feel sense of dissatisfaction of something wrong or missing.					
19	When i ask my self why i get up and go to work,the answer that occur is my pay check.					
20	I am upset because of something that happened unexpected.					

தகவல் கோரியதற்கான படிவம்

சமூக - ஜனநாயக தகவல்:

1. வயது (வருடங்களில்)

அ. 20 - 25 வயது

ஆ. 26 - 30 வயது

இ. 31 - 35 வயது

ஈ. 36 - 40 வயது

2. திருமண நிலை

அ. திருமணமாகாதவர்

ஆ. திருமணமானவர்

இ. விதவை/ மனைவியை இழந்தவர்

ஈ. பிரிந்து/விவாகரத்து நிலை

3. கல்வித் தகுதி:

அ. 10-ம் வகுப்பு குறைவாக

ஆ. 10-ம் வகுப்பு

இ. 11-ம் வகுப்பு/ அதற்கு மேல்

ஈ. படிக்காதவர்

4. மாத வருமானம் :

அ. 1000 - 2000

ஆ. 2001 - 3000

இ. 3001 - 4000

ஈ. 4000 - 5000

5. மதம் :

அ. இந்து

ஆ. முஸ்லீம்

இ. கிறிஸ்துவம்

ஈ. இதர

6. குடும்ப வகை :

அ. தனிக்குடும்பம்

ஆ. கூட்டுக்குடும்பம்

இ. பிரிந்த குடும்பம்

ஈ. இதர

7. எத்தனை ஆண்டுகள் வேலை செய்கிறீர்கள் (வருடங்களில்) :

அ. 1 வருடத்திற்கு குறைவாக

ஆ. 2-4 வருடம்

இ. 5-7 வருடம்

ஈ. 7 வருடத்திற்கு மேல்

8. தினமும் வேலை செய்யும் நேர அளவு :

அ. 4 மணிநேரம் 1 தினமும்

ஆ. 6 மணிநேரம் தினமும்

இ. 8 மணிநேரம் தினமும்

ஈ. 10 மணிநேரம் தினமும்

9. வேலையின் நடுவில் ஓய்வெடுக்கும் நேர அளவு:

அ. அரை மணிநேரம்

ஆ. 1 மணி நேரம்

இ. 2 மணி நேரம்

ஈ. 2 மணி நேரத்திற்கு மேல்

10. குடும்ப நபர்கள் :

அ. 0 - 3

ஆ. 4 - 6

இ. 7 - 9

ஈ. எதுவும் இல்லை

11. தனிப்பட்ட பழக்கங்கள் :

அ. மது அருந்துவது

ஆ. புகையிலை

இ. இரண்டும் செய்வது

ஈ. எதுவும் இல்லை

12. ஏதாவது உடல்நிலை சரியில்லாமல் இருந்தால்:

அ. தலைவலி

ஆ. சுவாசப் பிரச்சனை

இ. தோல் அரிப்பு

ஈ. தூக்கமின்மை

வேலை அழுத்தத்தின் அளவுகோல்

கடந்த மூன்று மாதங்களில் உங்களுடைய உணர்ச்சிகள் மற்றும் எண்ணங்கள் எப்படி இருந்தது என்பதற்கான கேள்விகள் கீழே கொடுக்கப்பட்டுள்ளது.

பதிலளிக்க மிகவும் சிறந்த அனுகுமுறை உடனடியாக அளிப்பது. அதாவது நீங்கள் ஒரே மாதிரியான உணர்வுகளை கொண்டிருந்தீர்கள் என்பதை கணக்கீடு செய்து பதிலளிப்பதற்கு முயற்சி செய்ய வேண்டாம். ஆனால் பொதுவாக உங்களுடைய நல்ல பதில்களை அளித்தாலே போதுமானது.

ஒவ்வொரு வினாவிற்கும் நீங்கள் இது போன்ற உணர்வுகளை அல்லது எண்ணங்களை கொண்டிருந்தீர்களா என்று தயவு செய்து பதில் அளியுங்கள்.

0 = ஒரு போதும் இல்லை

1 = ஒரு போதும் இல்லாமல் இருக்கலாம்

2 = சில நேரங்களில்

3 = எப்பொழுதாவது அடிக்கடி

4 = மிகவும் அடிக்கடி

வேலை அழுத்தத்தின் அளவுகோளிற்கான மதிப்பெண்:

0 முதல் 25 = சமாளிக்கக் கூடிய அழுத்தம்

26 முதல் 40 = லேசான அழுத்தம்

41 முதல் 55 = மிதமான அழுத்தம்

56 முதல் 80 = கடுமையான அழுத்தம்

வ. எண்	கேள்விகள்	ஒரு போதும் இல்லை	ஒரு போதும் இல்லாமல் இருக்கலாம்	சில நேரங்களில்	எப்பொழுதாவது அடிக்கடி	மிகவும் அடிக்கடி
1.	நான் என்னுடைய வேலையை செய்ய சிறிதளவு ஆர்வமாக இருக்கிறேன்.					
2.	நான் நன்றாக தூங்கினாலும் எரிச்சலடைவது போல் உணர்கிறேன்.					
3.	நான் வேலை செய்யும் இடத்தில் என் கடமைகளை செய்வதில் விரக்தி உணர்வை உடையவராய் உணர்கிறேன்.					
4.	நான் சிறு தொந்தரவு ஏற்படும்பொழுது கூட அவ்வப்போது எரிச்சலடைகிறேன்.					
5.	எப்பொழுதும் உண்மையாகவும் மற்றும் உற்சாகமாகவும் இருக்க வேண்டுமென்பதிலிருந்து விடுபட விரும்புகிறேன்.					
6.	என்னுடைய வேலையைக் குறித்த நான் எதிர்மறையான கண்ணோட்டத்திலும், மனஅழுத்தத்திலும் இருப்பதாக உணர்கிறேன்.					
7.	என்னுடைய முடிவெடுக்கும் திறன் எப்பொழுதும் இருப்பதை விட குறைவாக இருக்கிறது.					
8.	நான் எப்படி இருக்க வேண்டுமோ அந்த அளவுக்கு திறமை இல்லை என்று நினைக்கிறேன்.					
9.	என்னுடைய வேலையின் தரம் எப்படி இருக்க வேண்டுமோ அதைவிட குறைவாக இருக்கிறது.					

10.	உடல்நிலை, உணர்ச்சிகளில் குறைவுபட்டவராய் இருப்பதாக உணர்கிறேன்.					
11.	என்னுடைய நோய் எதிர்ப்புத் தன்மை குறைவாக இருக்கிறது.					
12.	என்னுடைய வேலையை சமாளிக்க குறைவாகவும், அதிகமாகவும் காபி, டீ, மதுபானம், மருந்துகள் ஆகியவற்றை எடுத்துக் கொள்கிறேன்.					
13.	வேலை அதிகாரி, உடன் வேலை செய்பவர்கள், நண்பர்கள் மற்றும் குடும்பத்தினரோடு என்னுடைய நட்பு சரிவர இல்லை.					
14.	மற்றவர்களின் பிரச்சனைகள் மற்றும் தேவைகளைக் குறித்து நான் உணர்வு பூர்வமாக வருத்தம் கொள்கிறேன்.					
15.	நான் மறந்து விடுகிறேன்.					
16.	கவனம் செலுத்துவது எனக்கு கடினமாக உள்ளது.					
17.	நான் எளிதாக சலித்து விடுகிறேன்.					
18.	ஏதாவது தவறு ஏற்படும்பொழுது அல்லது காணாமல் போகும் பொழுது அதைக்குறித்து அதிருப்தியான உணர்வு கொள்கிறேன்.					
19.	நான் ஏன் எழுந்து வேலைக்குச் செல்கிறேன் என்று என்னை நானே கேட்கும்பொழுது அதற்கான விடை சம்பளத்திற்காக என்று வருகிறது.					
20.	ஏதாவது ஒரு சம்பவம் எதிர்பாராத விதமாக நடக்கும்பொழுது அதைக் குறித்து வருத்தம் கொள்கிறேன்.					

ANNEXURE-
CONTENT VALIDITY CERTIFICATE

I here by certify that I have validated the research tool of B.John Benhur M.Sc(N)II year student who is undertaking


PLACE:

SIGNATURE AND SEAL OF EXPERT

DATE:

NAME:

DESIGNATION:


Dr. D. NIRANJANA
B.H.M.S; M.Sc; MPHIL IN CLINICAL PSYCHOLOGY
Reg. No: A07160
CLINICAL PSYCHOLOGIST
DEPT OF CHILD PSYCHIATRY
GOVT NILOUFER HOSPITAL
RED HILLS, HYDERABAD - 04.

REQUEST FOR CONTENT VALIDITY

**LETTER REQUESTING AND SUGGESTION OF EXPERTS FOR
ESTABLISHING CONTENT VALIDITY OF RESEARCH**

FROM

Mr.B.John Benhur

M.Sc(Nsg) II YEAR

Arun College of Nursing

Vellore

To

Through proper channel

Mrs. J. Sunita Priyadarshini

Principal

Arun College of Nursing

Sub: Request for opinions and suggestion of expert for establishing content validity of research tool.

Respected Madam,

Greeting! As a part of the curriculum requesting the following research title is selected for the study

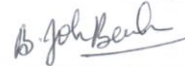
**"EFFECTIVENESS OF MUSIC THERAPY ON OCCUPATIONAL STRESS AMONG
WORKING WOMEN IN SELECTED SHOES COMPANY AT VELLORE"**

I will be highly privileged to have your valuable suggestion with regard to the establishment of content validity of research tool.

So I request you to validate my research tool and give suggestion about the tool.

Thanking you madam,

Yours sincerely



B. JOHN BENHUR



PRINCIPAL
ARUN COLLEGE OF NURSING
No 15, THIYAGARAJAPURAM
VELLORE - 632 001

ANNEXURE –
CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the research tool of B. John Benhur M.Sc [N] II year Student who is undertaking “ A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY ON JOB STRESS WORKERS WORKING IN SELECTED COMPANIES IN VELLORE “



RAJAM SHANKER

Sangeetha Alankara-Carnatic Classical

M.A. Vedic Astrology

Indian Classical Music Therapist

B-78 Second Avenue Sainikpuri

Secunderabad – 500094 TS India

www.rajamsmusictherapy.com

PLACE: Secunderabad

DATE: 25 June 2014

ANNEXURE-

LETTER GRANTING PERMISSION TO CONDUCT THE PILOT STUDY

From:

SANGHAVI SHOE ACCESSORIES PVT. LTD.
1C, 1/2A & 1/2B Abdullapuram Village,
Chennai - Bangalore Highway,
VELLORE - 632 010.

To

Mr. John Benhur

Ilyear M.Sc (N) Student

Arun College of Nursing

Vellore.

Dear Student,

As per your requisition letter forward through Principal Arun College Nursing. You are permitted to do the main study in our organization as mentioned in your letter.

For Sanghavi Shoe Accessories Pvt. Ltd.

Signature.
MANAGER.

DATE:

PLACE:

CONTENT VALIDITY CERTIFICATE

I here by certify that I have validated the research tool of B. John Benhur M.Sc(N) II
year student who is understanding "EFFECTIVENESS OF MUSIC THERAPY ON
OCCUPATIONAL STRESS AMONG WORKING WOMEN IN SELECTED SHOE
COMPANY , VELLORE DISTRICT "



SIGNATURE AND SEAL OF EXPERT

ARCOT SRI MAHALAKSHMI WOMEN'S
COLLEGE OF NURSING, VILLAPAKKAM-632521.

DATE :

PLACE :



ARUN COLLEGE OF NURSING

(A unit of Arun Educational Trust)

Affiliated with The Tamilnadu Dr. M.G.R. Medical University,
Tamilnadu Nursing Council & Indian Nursing Council, G.O.M.S. 369/16.11.2008.

No.15, Thiagarajapuram, Vellore - 1.

Mr. L.Adhimoolam
Managing Director

Principal

Ref. No.

Date :

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

From,

The Principal,

Arun College of Nursing,

Vellore - 1.

To,

General Manager,

Sanghavi shoe Accessories Pvt.Ltd,

Abdullapuram Village,

Vellore.

Respected Sir,

Sub : Request for permission to conduct pilot study for research work of Mr.B.John Benhur, II year M.Sc., Nursing student : Reg

This is for your kind notice that Mr. B.John Benhur, II year M.Sc., Nursing student of this college has Selected the following problem for research work, required by the university for partial fulfillment of M.Sc., Nursing Programme.

“ EFFECTIVENESS OF MUSIC THERAPY UPON JOB STRESS AMONG WORKING WOMEN SELECTED SHOES COMPANY AT VELLORE , TAMILNADU “

In this connection he required permission to collect data at your company. I request you to kindly same and extend your guidance and co-operation.

Thanking You sir,


PRINCIPAL

PRINCIPAL
ARUN COLLEGE OF NURSING
No 15, THIYAGARAJAPURAM
VELLORE - 632 001

Ph : 0416 - 2222081 E-mail : principalaruncollege@gmail.com

**CERTIFICATE FOR TAMIL EDITING
TO WHOM SO EVER IT MAY CONCERN**

This is to certify that the dissertation, "Effectiveness of Music Therapy On Occupational Stress Among Working Women In Selected Shoe Company" done by Mr. John Benhur , M.Sc. (N) II Year student of Arun College of Nursing Vellore District has been edited by me and the use of Tamil in this study is found appropriate

Place:

Date:

Signature with Designation

[Handwritten Signature]
S. T. Asst S.
THATHIRUDDIP. LL
VELLORE DT.

ANNEXURE -
MUSIC THERAPY CERTIFICATE

TO

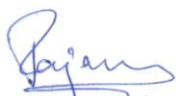
The Principal
Arun College of Nursing
Vellore, Tamil Nadu

Madam,

This is to permit the candidate, Mr B John Benhur, doing M.Sc Nursing as part of fulfillment of his studies in the research project work undertaken by him, to use the Music resource material and evaluation tools provided by the undersigned to study the effect of the given music in reducing the level of stress among textile workers.

The Music resources and evaluation guidance provided must be utilized for the research purpose only.

With best wish for the dissertation work.



Rajam Shanker

Sangeetha Alankara – Carnatic Classical
M.A. Vedic Astrology

Indian Classical Music Therapist

B-78 Second Avenue Sainikpuri
Secunderabad – 500094 TS India

e-Mail: rajams.mt@gmail.com

Web: www.rajamsmusictherapy.com

ANNEXURE-

LETTER GRANTING PERMISSION TO CONDUCT THE MAIN STUDY

From:

SANGHAVI SHOE ACCESSORIES PVT. LTD.
1C, 1/2A & 1/2B Abdullapuram Village,
Chennai - Bangalore Highway,
VELLORE - 632 010.

To

Mr. John Benhur

Ilyear M.Sc (N) Student

Arun College of Nursing

Vellore.

Dear Student,

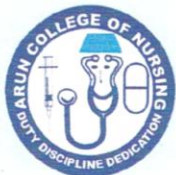
As per your requisition letter forward through Principal Arun College Nursing. You are permitted to do the main study in our organization as mentioned in your letter.

For Sanghavi Shoe Accessories Pvt. Ltd.,

MANAGER.

DATE:

PLACE:



ARUN COLLEGE OF NURSING

(A unit of Arun Educational Trust)

Affiliated with The Tamilnadu Dr. M.G.R. Medical University,
Tamilnadu Nursing Council & Indian Nursing Council, G.O.M.S. 369/16.11.2008.

No.15, Thiagarajapuram, Vellore - 1.

Mr. L.Adhimoolam

Managing Director

Principal

Ref. No.

Date :

LETTER SEEKING PERMISSION TO CONDUCT MAIN STUDY

From,

The Principal,

Arun College of Nursing,

Vellore - 1.

To,

General Manager,

Sanghavi shoe Accessories Pvt.Ltd,

Abdullapuram Village,

Vellore.

Respected Sir,

Sub : Request for permission to conduct main study for research work of Mr.B.John Benhur, II year M.Sc., Nursing student : Reg

This is for your kind notice that Mr. B.John Benhur, II year M.Sc., Nursing student of this college has Selected the following problem for research work, required by the university for partial fulfillment of M.Sc., Nursing Programme.

“EFFECTIVENESS OF MUSIC THERAPY UPON JOB STRESS AMONG WORKING WOMEN SELECTED SHOES COMPANY AT VELLORE, TAMILNADU”

In this connection he required permission to collect data at your company. I request you to kindly same and extend your guidance and co-operation.

Thanking You sir,


PRINCIPAL

PRINCIPAL
ARUN COLLEGE OF NURSING
No 15, THIYAGARAJAPURAM
VELLORE - 632 001

Ph : 0416 - 2222081 E-mail : principalaruncollege@gmail.com

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the research tool of **Mr. John Benhur, M.Sc.(Nursing)** student of Arun College of Nursing, Vellore who is undertaking research study on **“Effectiveness of Music Therapy on Occupational Stress Among Working Women in Selected Shoe Company At Vellore”**



Signature of the Expert

Dr. SHANTHI NAMBI, M.D. (Psy.), F.P.S.
Regd. No. 38029
Professor of Psychiatry
Madras Medical College, Chennai-3.
child and
Institute Mental Health, Chennai-10

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, **“Effectiveness of Music Therapy on Occupational Stress Among Working Women in Selected Shoe Company At Vellore”** done by **Mr. John Benhur**, M.Sc. (N) IInd Year Student, of Arun College of Nursing, Vellore District has been edited by me and the use of English in this study is found appropriate.

Signature with designation

Place :

Date :

S.NO	OBJECTIVES	TIME	CONTENT	TEACHING METHOD	LEARNERS ACTIVITY
1	Introduce about the music therapy		<p>INTRODUCTION:</p> <p>Music has been used as a healing force for centuries .It is the ancient Greek god of music and medicine .It cure disease of the mind by using song and music and music therapy was used in Egyptian temples. music affected the emotions and could influence the character of the individuals. It taught that music affect the soul and described music as a force that purified the emotions.</p> <p>It advocated the sound of the cymbals and running water for the treatment of the mental disorder.</p>	Explaining	Listening

2	Defining the Music therapy		<p>DEFINITION:</p> <p>Music therapy is allied health profession in which music is used within a therapeutic relationship to address physical, psychological, cognitive and social needs of individuals. Music therapy is the clinical and evidence based use of music intervention to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has</p> <p>Completed an approved music therapy program.</p> <p>Music therapy is the skilful use of an music and musical element by an accredited music therapist</p>	Explaining	<p>Listening</p> <p>\</p>
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			<p>to promote , maintain and ,restore mental, physical ,emotional and spiritual health.</p> <p>Music has non-verbal, creative, structural and emotional qualities .these are used in the therapeutic relationship to facilitate contact ,interaction, self-awareness ,learning ,self-expression ,communication and personal development .</p>	Explaining	Listening
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3	list out the benefit of music therapy		<p>BEFENITS OF MUSIC THERAPY:</p> <p>Music therapy can be used for four aspect</p> <p>Ispecific needs</p> <ol style="list-style-type: none"> 1) Social aspect 2) Psychological aspect 3) Cognitive aspect 4) Physical aspect <p>Social aspect:</p> <ol style="list-style-type: none"> 1) To reintegrate them who isolated and withdraw into social relationship 2) To experience themselves as something orderly and subjective 		
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			<p>3) To establish a meaningful relational ship between the inner rhythms of body, outer rhythms of personal interaction and broader pattern of cultural activity.</p> <p>Psychological aspect</p> <p>1) Mood impairment</p> <p>2) Encouraging self expression</p> <p>3) Temporal coherence</p> <p>4) Disease related stress</p> <p>Cognitive aspect:</p> <p>1) To improve communication</p>		
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			<p>2) To improve spatial reasoning</p> <p>3) To improve memory</p> <p>4) Increasing status of arousal</p> <p>5) Improving executive function.</p> <p>Physical aspect:</p> <p>1) Sensory stimulation</p> <p>2) Motor integration</p> <p>3) Motor related physiologic response</p> <p>4) Decreasing pain</p> <p>5) other-nausea ,vomiting.</p>		
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			<p>Music therapy can be given to</p> <ul style="list-style-type: none"> a) Mental retardation b) Psychiatry patient c) Vision or hearing impairment d) Physical and speech disorder e) Pain control f) Geriatric care h) Cancer or palliative care <p>contraindication and precaution:</p> <ul style="list-style-type: none"> 1) Acoustic induced epilepsy 2) Post traumatic stress disorder 	Explaining	Listening
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4	List out the differed types of music therapy		<p>TYPES OF MUSIC THERAPY:</p> <p>Music therapy types:</p> <ol style="list-style-type: none"> 1. Background music therapy 2. Contemplative music therapy 3. Combined music therapy 4. Executive music therapy 5. Executive latromusic therapy 6. Creative music therapy <p>Background music therapy:</p> <p>It is a form of therapy in which music is heard for an average 8-12hrs/day of a hospital by audiotapes and radio.</p>		
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			<p>The aim of this therapy is to create a calm environment in the hospital.</p> <p>Contemplative music therapy:</p> <p>It help patient appreciate the significance of music and act in general.</p> <p>Before music is played for patients, they are given biography of the composer and other details about music .this may administered in group setting or individually.</p> <p>Combined music therapy:</p> <p>The patient is asked to select music he likes as it will soothe him better, and here music is used as</p>		
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			<p>an adjuvant to various other therapies</p> <p>It is useful in combination with cerebral electro sleep therapy and behaviour therapy.</p> <p>Executive music therapy:</p> <p>It consist of individual or group singing and playing musical instrument .</p> <p>Executive latromusic therapy:</p> <p>In this, a musician performs in children's psychiatric units.</p> <p>It is used in managing emotional disturbed , mental retarded and dyslexic children.</p>		
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5	Enumerate about approaches of music therapy		<p>Creative music therapy:</p> <p>In this patients write songs, compose music and play instrument as a form of catharsis.</p> <p>Greif over a decreased loved one, oppression and repressed feeling and fears are thought to be well expressed in music and song.</p> <p>APPROACHES OF MUSIC THERAY:</p> <p>After music therapist collect clients data from the chart or interview ,they will approach their client included</p>	Explaining	Listening
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			<ul style="list-style-type: none"> • Subjective data • Problem and requirement <ul style="list-style-type: none"> • Clients capacity of music <p>Listening or reception relaxation , medication , song ,discussion</p> <p>Recreating</p> <ul style="list-style-type: none"> • Melodic intonation therapy <p>Improving:</p> <ul style="list-style-type: none"> • Creative music therapy <p>Composing:</p> <ul style="list-style-type: none"> • Song writing. 		
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6	Describe the steps of practice of music therapy		<p>STEPS OF PRACTICE OF MUSIC THERAPY:</p> <p>Session of music therapy:</p> <p>Morning session: violin instrument indian classical.</p> <p>a) Bilahari raga</p> <p>b) Desh raga</p> <p>Age group: 20-40yrs = all age group same raga</p> <p>Evening session: veena</p> <p>a) Malahari</p> <p>b) kalyani</p> <p>Age group : 20-40yrs = all age group same raga</p> <p>Afternoon : flute instrument</p>	Explaining	Listening
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			<p>Age group: 20-25yrs</p> <p>a) Anandabhairavi</p> <p>b) Shree ragam</p> <p>c)shree ranjane</p> <p>Age group : 26-30yrs</p> <p>a) Sindhu bhairavi</p> <p>b) Khama</p> <p>Age group :31-35yrs</p> <p>a) Mohanam</p> <p>b) Rohini</p> <p>Age group: 36-40yrs</p> <p>a) Behag</p>		
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			<p>b) Reevati</p> <p>Bilahari raga bring about relaxation, remove, headache prepare individual sleep slumber.</p> <p>Raga malahari and kalyani used for physical ,emotional , tension relief for evening times.</p> <p>Raga anandabhairavi, shree raga in gentle and soothing to the central nervous system. Since this raga relives the individual is freed from his or her accumulates negative energies and drifts into relaxation.</p> <p>Session : 10-15mins music therapy is given by i-pad , laptop with speakers.</p>		
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7	Explain how music therapy works		<p>How music therapy work:</p> <p>Music therapy is the clinical and evidence based use of music intervention to accomplish individualized goal within a therapeutic relationship by a credentialed professional who has completed an approval music therapy .Music therapy services are delivered as part of an individualized treatment plan specific intervention may address cognitive ,physical ,communication , emotional ,and social needs of individual across the life span.</p>	Explaining	Listening
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			<p>After assessing the strengths and needs of each client, the qualified music therapist design and implement individualized treatment protocol.</p> <p>Music therapy intervention include creating music, singing ,moving to and listening to music.</p> <p>Music therapy provides a safe milieu for those who are wounded, ill or injured to nonverbally express their thought and feeling and support verbal processing of thought and reaction.</p> <p>Through engagement in music that accommodates their cultural differences and preference ,service members are motivated to</p>		
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			<p>pursue varying levels of self-disclosure ,a process essential to recovery. Music therapist trained in providing intervention ,employ a variety of music based tools and techniques as part of the therapeutic intervention ,including thing like group drumming ,singing ,listening ,and song writing</p> <p>Music therapy provides the means to reveal unconscious fears and anxieties , identify and work through traumatic memories into healthier</p>		
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			<p>Association .music elicit extra musical and ideas useful in recovery ,growth and development</p> <p>Music is a powerful tool because it influence physiological and response ,behaviour ,thought ,memories , and emotion whether or not they reach conscious awareness.</p> <p>Rhythm, a vital element of music organises and energizes human response. Music provides an experience of responsibility to self and other in a non-threatening way. Ultimately music provides opportunities for unique human expression and experience that are important to life across all</p>		
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			<p>ages and abilities.</p> <p><u>SUMMARY:</u></p> <p>Music therapy is useful in physical, emotional, social , psychology aspects. It helps the body to relax and focus the concentration for period of time. It provide pleasant mood to all age group.</p> <p>Music therapy shift your unpleasant, irritable mood to pleasant, calm and quiet mood. So music can be useful to relieve occupational stress.</p>		
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			<p><u>BIBLIOGRAPHY:</u></p> <p>1.Mary C Townsend, Psychiatric Mental Health Nursing ,5th edition, jaypee publishers,pg no:3</p> <p>2.Mucci K, Mucci R. The healing sound of music. 2nd ed. New Delhi: Sterling Publishers; 2000.</p> <p>3.Sharma J. Music cures. Health Action 2002 Jan;15(1):31-3.</p> <p>4.Wooten P. Music an antidote for stress. Holist Nurs Pract 1996;10(2):49-55.</p> <p>5. Showalter SE, Sckobel S. Hospice music, heartache and healing. The Am J Hosp Palliate Care 1996;14(8):8-9.</p> <p>6. Dugan DO. Music and tears: Best medicine for stress Nursing Forum 1989;24(1):18-25</p>		
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LESSON PLAN ON

MUSIC TEHRAPY

CENTRAL OBJECTIVES:

At the end of the session the individual can able to understand the benefits of music therapy in reducing the occupational stress and develop desired attitude and skills in practicing in day to day life.

CONTRIBUTORY OBJECTIVES:

The individual able to able to

- Introduce the music therapy.
- Defining the music therapy
- List down the types of music therapy.
- Enumerate the approach of music therapy.
- Describe the steps of practice of music therapy.
- Explain how music therapy works.

PROFILE

Topic : music therapy

Group : working women in shoe company

Place : sanghavi shoe company,
abdullapuram,vellore

Time and duration : 10-15min

Teaching method : Lecture cum demonstration

Student teacher : B.John Benhur

MASTER CHART

Sample	Age (year)	Marital status	Educational status	Monthly income	Religion	Types of family	Working (years):	Number of duty hours per day	Resting hours	Dependents	Personal habits	Health complaint
1	2	1	3	4	1	2	2	4	3	3	4	4
2	3	2	3	4	1	2	2	3	1	3	4	4
3	1	1	3	4	3	1	2	3	2	2	4	4
4	2	1	2	4	1	1	3	3	2	2	4	4
5	1	1	2	3	3	1	1	1	4	2	4	3
6	1	1	3	4	1	2	2	3	1	1	4	4
7	2	2	3	4	1	1	2	4	2	2	3	3
8	4	2	2	4	2	1	2	3	2	2	4	4
9	1	1	3	4	1	2	2	4	1	2	4	1
10	3	2	2	1	3	3	1	3	2	3	3	4
11	2	1	2	3	1	1	2	3	2	2	1	4
12	4	2	3	4	1	3	2	3	2	3	4	2
13	3	1	3	4	1	2	2	3	1	2	4	4
14	3	2	3	4	1	3	2	4	1	2	2	2
15	2	1	3	4	2	1	2	3	2	3	3	4
16	3	2	4	3	2	1	2	3	2	1	4	4
17	3	2	3	4	3	1	2	3	2	2	4	4
18	2	1	3	4	2	2	2	3	2	2	4	4
19	3	2	1	4	2	2	2	3	3	1	4	1
20	1	1	2	3	1	2	3	4	3	3	3	3
21	3	2	3	4	1	1	3	4	3	2	2	3
22	3	2	4	2	3	3	3	3	3	2	3	1
23	4	2	3	4	1	2	2	3	2	2	4	1
24	1	1	3	4	2	1	3	3	2	2	4	1
25	4	2	3	4	1	1	2	3	1	1	4	1
26	3	2	3	4	1	2	2	3	1	2	4	1
27	1	1	3	4	1	3	1	3	2	2	4	4
28	2	1	3	4	1	2	2	3	2	3	1	1
29	2	2	3	4	1	1	2	3	2	2	4	4
30	1	2	2	4	1	1	3	3	2	1	4	4
31	4	2	3	4	3	1	3	3	2	2	4	1
32	2	2	3	4	1	1	2	3	2	2	4	4

Sample	Age (year)	Marital status	Educational status	Monthly income	Religion	Types of family	Working (years):	Number of duty hours per day	Resting hours	Dependents	Personal habits	Health complaint
33	2	2	2	4	1	1	2	2	2	1	4	1
34	1	2	1	4	2	1	3	2	1	1	4	4
35	1	2	4	3	1	2	4	4	2	3	3	1
36	4	2	3	3	2	2	4	3	2	1	4	3
37	2	2	2	3	1	2	3	2	2	2	4	1
38	4	2	2	4	2	1	4	3	3	2	4	4
39	4	2	3	4	2	1	4	3	3	2	4	4
40	4	2	2	4	1	2	4	4	2	1	4	1
41	4	2	1	4	1	2	4	4	1	1	4	4
42	4	2	3	4	1	2	4	2	2	1	4	4
43	1	1	3	3	1	2	1	3	2	4	4	4
44	1	1	3	4	1	2	2	2	1	1	4	1
45	3	2	3	3	1	4	2	3	1	1	2	4
46	2	1	3	3	1	2	2	2	1	1	4	4
47	2	2	3	3	2	2	4	3	2	4	4	1
48	3	2	3	3	1	2	3	2	2	2	3	4
49	4	2	4	4	1	4	2	3	1	2	4	3
50	2	1	3	4	1	2	3	2	2	2	4	3
51	4	2	3	4	1	2	4	3	2	2	4	3
52	2	1	3	4	1	2	3	1	1	1	4	4
53	2	2	3	3	1	2	3	3	4	1	4	1
54	2	1	3	4	1	1	2	2	1	1	4	4
55	3	1	3	4	1	4	2	3	1	2	4	4
56	3	3	3	4	2	2	3	2	2	2	2	2
57	4	3	1	3	1	2	2	2	2	2	2	2
58	4	3	1	4	1	2	2	3	2	1	4	2
59	4	2	1	4	1	2	4	2	2	1	4	2
60	3	2	1	4	1	2	4	2	1	1	4	2

PRE-TEST

SAMPLE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
1	3	3	3	3	3	3	3	3	3	2	2	5	5	5	2	5	5	5	5	3
2	3	3	3	3	3	3	3	3	3	2	5	5	5	5	5	5	5	5	5	5
3	3	3	3	3	3	3	3	3	3	5	5	5	5	5	5	5	5	5	5	5
4	3	3	3	3	3	3	3	3	3	5	5	5	5	5	5	5	5	5	5	5
5	3	3	2	3	3	3	3	3	3	2	5	5	5	5	2	2	2	5	5	3
6	3	3	3	3	3	3	3	3	3	2	5	5	5	5	5	5	5	2	5	3
7	5	3	2	3	2	3	5	5	3	5	2	5	5	5	5	2	2	5	5	2
8	3	3	3	3	3	3	3	3	3	5	5	2	2	2	5	5	5	2	5	5
9	3	2	3	2	3	3	2	2	2	2	5	2	2	5	2	2	5	2	2	2
10	3	2	2	2	2	3	3	3	3	5	2	2	5	5	2	5	5	5	2	2
11	3	3	3	2	3	2	3	3	3	5	5	2	5	5	5	2	2	5	5	2
12	3	3	3	3	2	3	3	3	3	5	5	2	2	5	5	5	5	2	2	5
13	3	3	3	3	3	3	3	3	3	5	5	5	5	5	5	5	5	5	5	3
14	3	3	3	3	3	3	2	2	2	5	5	2	5	2	5	5	5	2	2	5
15	3	2	3	3	5	5	3	2	3	2	5	2	5	5	5	5	5	5	5	5
16	5	3	3	3	2	2	3	3	2	5	5	5	2	2	5	5	2	2	2	2
17	2	2	2	2	3	3	3	2	3	2	2	5	5	2	5	2	2	2	5	5
18	2	3	2	2	2	3	3	3	3	5	5	2	2	2	2	5	2	2	2	2
19	5	5	5	5	5	5	5	5	5	2	2	5	5	5	5	2	2	5	5	5
20	5	2	3	5	5	5	3	2	5	2	5	2	5	2	5	2	5	2	5	2
21	5	2	5	3	5	2	5	5	5	2	5	2	5	5	2	5	2	5	5	3
22	2	5	3	5	3	2	5	3	2	2	5	2	2	5	5	5	5	5	5	2
23	5	2	5	2	5	5	2	2	2	2	5	5	2	5	5	5	2	5	5	2
24	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3
25	5	5	5	5	5	5	5	5	5	5	5	2	5	5	5	5	5	5	5	3
26	5	3	3	5	3	3	5	5	5	5	5	5	5	5	5	5	5	5	5	3
27	2	5	5	5	5	5	5	5	5	5	2	5	2	5	5	5	2	2	2	3
28	5	2	2	5	2	5	2	5	2	2	5	2	5	5	5	2	5	2	5	2
29	5	5	5	5	5	5	5	5	5	5	5	2	5	5	2	5	5	5	2	3
30	5	5	5	5	5	5	5	5	5	5	5	5	2	2	2	2	5	5	5	3
31	2	3	3	3	3	2	3	2	2	5	5	5	5	5	5	5	5	5	5	3

SAMPLE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
32	3	5	2	3	5	2	3	5	3	2	2	5	5	2	5	5	5	5	5	3
33	5	3	3	2	3	3	2	3	2	5	5	5	5	2	5	5	5	5	2	5
34	3	5	5	5	3	5	3	3	5	5	5	5	5	5	5	5	5	5	5	5
35	5	2	3	5	2	2	2	3	3	5	5	5	2	5	5	5	5	5	2	2
36	3	3	3	3	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3
37	5	5	5	5	3	3	3	5	2	5	5	5	5	5	5	5	5	5	5	5
38	5	2	3	2	3	2	5	5	3	5	2	5	2	2	5	2	5	2	5	2
39	3	3	3	3	5	5	5	5	5	5	5	5	5	5	2	5	5	5	5	3
40	5	5	5	3	3	3	3	3	2	5	5	5	5	5	2	5	5	5	5	5
41	2	2	2	3	3	5	5	5	5	5	5	2	5	5	5	5	5	5	5	5
42	5	5	5	5	5	2	3	3	3	5	5	5	5	5	5	5	5	5	5	3
43	5	3	5	3	2	2	3	2	3	5	2	5	5	5	5	5	2	5	5	3
44	5	3	5	3	5	5	3	2	3	5	5	5	5	5	5	2	5	5	5	3
45	3	3	5	5	3	5	2	5	2	5	5	5	5	5	5	5	5	5	5	3
46	3	2	5	3	5	3	2	2	2	3	5	5	5	5	2	2	3	3	3	3
47	2	5	3	2	5	5	3	5	3	5	5	3	5	3	2	5	2	3	3	3
48	5	5	3	3	5	5	3	3	5	3	3	5	5	3	3	3	2	5	3	3
49	3	2	2	3	5	3	5	2	3	3	5	5	3	3	5	5	5	3	5	5
50	3	5	3	3	3	3	3	3	5	5	5	2	5	5	3	5	3	3	2	3
51	2	5	5	5	5	5	5	5	5	2	5	3	3	3	2	2	3	3	2	3
52	5	3	5	5	5	5	5	5	5	3	5	3	3	5	3	3	5	5	3	5
53	3	3	3	3	3	5	5	5	5	5	3	2	3	3	5	3	3	3	3	3
54	3	2	5	3	3	3	2	2	3	2	2	5	3	3	3	2	5	3	5	5
55	5	3	5	3	3	3	2	5	5	3	2	5	5	3	2	3	5	5	5	3
56	3	2	2	2	3	2	2	2	3	3	3	3	3	5	2	3	2	5	5	3
57	3	5	5	2	3	3	2	2	3	5	2	3	3	2	5	3	3	5	5	5
58	5	5	3	5	2	2	3	3	5	5	5	2	2	3	2	3	3	3	2	5
59	5	5	3	2	2	3	3	5	3	3	5	5	3	3	5	3	5	3	3	5
60	3	2	2	3	3	3	5	5	2	5	3	3	3	3	5	3	5	2	5	3

POST TEST

SAMPLE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
1	1	1	2	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	2
2	1	1	1	1	1	1	2	2	1	1	1	2	1	2	1	2	2	1	2	1
3	1	1	1	2	1	1	1	1	1	1	1	1	1	2	1	1	1	2	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1	3	3	1	1	1	1	1	1
5	1	1	2	1	1	1	3	1	1	2	3	3	1	1	1	1	1	2	1	1
6	1	2	1	1	2	1	1	2	1	1	1	2	2	2	2	2	1	2	2	2
7	2	2	2	1	2	2	2	3	2	1	2	2	2	2	3	2	2	1	1	2
8	1	1	1	1	1	1	1	2	2	1	1	1	2	1	1	1	3	3	3	2
9	2	1	2	1	2	2	2	1	1	1	2	1	2	2	1	2	2	1	1	1
10	1	2	2	2	2	1	2	2	2	2	2	1	1	2	2	1	2	2	2	1
11	1	1	1	2	2	1	2	1	2	2	1	1	2	2	1	2	1	1	2	1
12	1	2	2	1	1	2	2	2	1	2	2	1	1	2	2	2	1	1	2	2
13	1	1	1	1	1	1	1	2	1	1	2	1	2	2	1	1	1	1	1	1
14	2	2	2	1	1	2	2	1	1	2	1	2	2	1	1	1	2	2	1	1
15	1	1	2	2	2	1	1	1	2	2	2	1	1	2	1	1	1	2	1	2
16	3	2	1	2	1	3	2	3	2	2	2	2	3	2	2	2	2	3	2	1
17	2	2	2	1	2	1	1	2	2	1	1	2	1	1	2	2	2	2	2	2
18	2	2	2	1	2	1	1	2	2	1	1	1	1	2	1	1	2	2	2	1
19	1	1	1	1	1	1	1	1	1	2	2	2	1	2	2	2	2	2	2	3
20	2	1	2	2	2	1	2	3	2	1	2	3	2	2	1	2	2	1	2	2
21	2	1	2	2	2	1	2	2	2	2	2	1	2	2	2	1	2	2	2	2
22	2	2	2	1	2	1	2	2	1	1	2	1	1	2	2	2	1	1	2	1
23	2	2	1	2	1	1	1	1	2	2	2	2	2	1	2	3	2	2	1	2
24	1	1	1	2	2	2	2	1	1	1	1	2	1	1	2	2	1	1	2	2
25	1	1	1	1	1	1	1	1	1	3	3	1	2	3	3	3	2	2	3	3
26	1	2	2	3	2	3	2	2	1	1	1	1	1	1	1	1	1	2	1	2
27	2	1	1	1	1	1	1	1	1	2	1	2	1	3	3	2	3	3	2	3
28	1	2	2	1	2	1	2	1	2	2	1	2	3	1	1	2	1	2	1	2
29	1	1	1	1	1	1	1	1	1	1	1	2	1	3	2	1	1	2	3	3
30	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	2	1	1
31	2	2	3	2	3	1	2	2	2	1	2	2	2	3	3	1	1	3	3	3
32	2	2	2	3	2	2	3	3	2	2	3	3	2	2	1	3	3	3	3	3

SAMPLE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
33	2	2	1	2	1	1	2	2	2	1	1	1	1	1	2	2	1	1	1	1
34	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35	3	2	3	1	2	2	1	1	1	1	2	3	3	2	3	3	3	2	3	3
36	2	2	2	2	3	1	1	1	1	2	2	2	1	2	2	2	3	2	2	3
37	1	1	1	1	3	3	3	3	2	3	3	2	3	3	2	2	3	3	3	3
38	3	3	2	2	2	3	2	1	1	2	3	3	2	2	1	1	1	2	3	1
39	3	2	3	3	3	2	1	1	1	1	1	1	2	1	3	2	2	1	1	1
40	2	1	1	1	1	1	1	2	1	1	1	1	2	2	1	1	1	1	1	2
41	2	2	2	2	2	3	3	3	3	2	2	2	2	2	1	1	1	2	1	2
42	3	1	1	1	1	1	1	3	2	2	2	1	1	3	3	2	2	1	2	3
43	1	3	2	3	3	3	3	3	3	3	2	1	3	2	2	2	2	1	2	2
44	3	3	3	2	2	3	3	3	2	1	1	1	2	2	1	2	3	3	3	3
45	2	2	2	2	2	1	3	2	2	3	2	3	2	2	2	2	3	3	2	2
46	1	1	1	2	2	1	2	1	2	1	2	1	1	2	1	2	1	2	2	2
47	2	1	2	3	2	1	3	2	2	1	1	2	1	2	2	1	2	2	2	2
48	3	3	2	3	3	2	3	3	3	3	3	3	2	2	3	2	1	1	2	2
49	2	2	2	3	2	3	2	3	3	1	3	3	2	2	3	2	3	2	2	2
50	2	1	2	2	2	2	2	2	1	2	1	2	1	2	2	1	1	1	2	2
51	1	1	1	1	2	1	2	1	1	2	2	1	2	1	1	1	1	2	1	1
52	3	1	1	1	2	1	1	1	1	2	2	2	1	2	1	1	2	2	3	1
53	2	2	2	2	1	1	1	2	1	2	1	1	1	2	3	1	1	2	1	3
54	3	2	1	1	1	2	1	1	1	2	1	1	1	2	3	1	1	1	2	1
55	1	2	1	2	2	2	3	2	3	2	2	3	2	2	1	1	2	3	1	1
56	3	2	2	2	1	2	2	2	1	1	1	1	4	1	1	1	4	4	1	1
57	2	2	1	1	1	2	2	1	1	1	1	2	1	2	1	1	2	1	1	1
58	1	1	2	1	2	2	1	1	1	1	2	3	1	3	1	1	1	2	1	1
59	1	1	3	2	2	3	1	4	1	1	1	1	1	1	1	1	2	1	1	1
60	3	2	2	3	3	3	4	1	2	2	1	1	1	2	1	2	2	2	1	1

PRE & POST TEST SCORE

Pre test	Pre score	Post test	Post score
71	3	24	1
79	4	27	1
82	4	23	1
82	4	24	1
67	3	29	1
74	3	31	1
74	3	38	1
70	3	30	1
53	3	30	1
63	3	34	1
68	3	29	1
69	3	32	1
80	4	24	1
67	3	30	1
78	4	29	1
63	3	42	2
59	3	33	1
54	3	30	1
88	4	31	1
72	3	37	1
78	4	36	1
73	3	31	1
73	3	34	1
98	4	29	1
95	4	37	1
90	4	31	1
80	4	35	1
70	3	32	1
89	4	29	1
86	4	23	1
76	4	43	2
75	3	49	2
75	3	28	1
92	4	22	1
73	3	44	2
90	4	38	1
91	4	48	2
67	3	40	1
87	4	35	1
84	4	25	1
84	4	40	1
89	4	36	1
75	3	46	2

Pre test	Pre score	Post test	Post score
84	4	46	2
86	4	44	2
66	3	30	1
72	3	36	1
75	3	49	2
75	3	47	2
72	3	33	1
73	3	26	1
86	4	31	1
71	3	32	1
64	3	29	1
75	3	38	1
58	3	37	1
69	3	27	1
68	3	29	1
74	3	30	1
68	3	39	1

SCHOLAR INTRODUCING THE PRE TEST



SCHOLAR CONDUCTING PRE-TEST



SCHOLAR CLARIFYING THE DOUBTS OF THE SAMPLES



SAMPLES ARE LISTENING MUSIC THERAPY



SCHOLAR DEBRIEFING ABOUT THE BENEFITS OF MUSIC THERAPY



SCHOLAR CONDUCTING POST-TEST

